THE SUSTAINABLE DEVELOPMENT GOALS CENTER FOR AFRICA

EVERY LIFE **MATTERS**

BUILDING AND STRENGTHENING ACCOUNTABILITY IN AFRICAN HEALTH SYSTEMS

8 - 9 MARCH 2018 | KIGALI, RWANDA

CONFERENCE REPORT

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I. ACRONYMS AND ABBREVIATIONS

AU	African Union
CHW	Community Health Worker
COSA	Comité de Santé
DHIS2	District Health Information System 2
GDP	Gross domestic product
HIV/AIDS	Human Immunodeficiency Syndrome/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HR	Human Resources
ICT	Information and communication technology
IFMIS	Integrated Financial Management Information System
JICA	Japan International Cooperation Agency
MCs	Master of Ceremonies
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
SDG	Sustainable Development Goals
SDGC/A	Sustainable Development Goals Center for Africa
SOP	Standard Operating Procedures
SWAP	Sector Wide Approach
UHC	Universal Health Coverage
UN	United Nations
UNED	United Nations Environment and Development.
USA	United States of America
WHO	World Health Organization

II. INTRODUCTION

The Sustainable Development Goals Center for Africa (SDGC/A) conference entitled *Every Life Matters: Building and Strengthening Accountability in African Health Systems* was held in Radisson Blu Hotel and Convention Centre on the 8th – 9th March, 2018 in Kigali, Rwanda. The two-day conference convened stakeholders to galvanize greater accountability and call for commitments and actions by all political and government actors and other leaders in the healthcare sector.

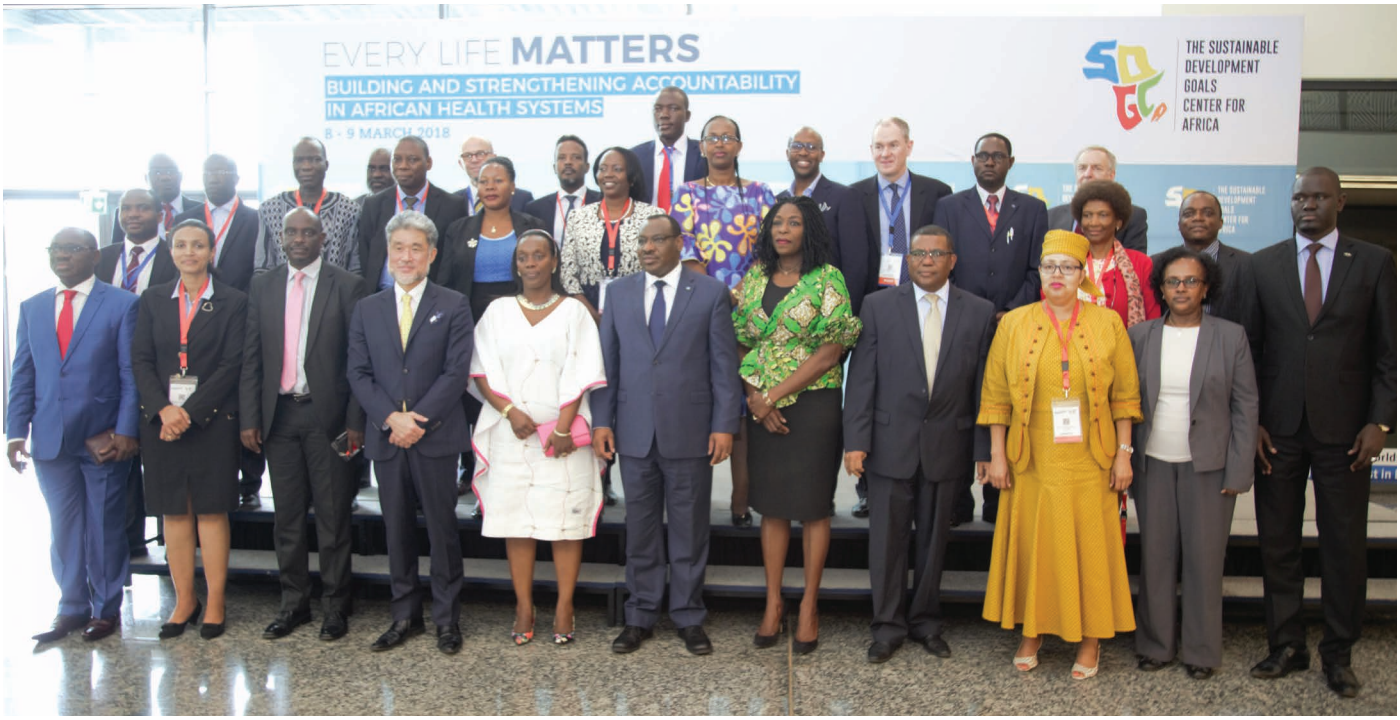
The SDGC/A Conference- *Every Life Matters* brought together over 500 delegates including Ministries of Health, Finance and Economic Planning; health professionals, and representatives of health associations, councils and research centers in Africa and worldwide. 41 countries including 9 countries from outside of Africa have been represented.

The objectives of the conference aim to galvanize greater accountability and push governments and health professionals to deliver by:

- Calling for commitments and actions by all political and government actors and other leaders in the healthcare sector to enact and enforce a standard regulatory system that facilitates and ensures true accountability in the health system;

- Placing ethical standards at the center of the quality of care offering;

- Creating greater awareness in the public of their inherent human right to health and along with that, the right they have to hold health officials and practitioners, at all levels, accountable.



EVERY LIFE MATTERS AT A GLANCE

- 508 participants
- 41 countries represented
- 127 Healthcare Professional Associations
- 67 Government Officials, Ministers and Delegates from Ministries of Health, Finance, Economic Planning and Justice
- 121 International NGOs, UN Agencies and Civil Society Organizations
- 19 Insurance Companies, Legal/Advocacy Groups, Pharmaceutical Companies and Research Institutions
- 15 Diplomatic and Consular Missions
- 34 University Professionals
- 44 Students & Student Healthcare Professional Associations
- 5 Development Banks & Financial Institutions
- 21 Speakers, Panelists, Resource Persons and Facilitators
- 55 Media Personnel

Country Representation

1	Angola	22	Malawi
2	Australia	23	Mali
3	Belgium	24	Mexico
4	Benin	25	Mozambique
5	Burkina Faso	26	Nigeria
6	Burundi	27	Poland
7	Cameroon	28	Rwanda
8	Chad	29	Saudi Arabia
9	China	30	Senegal
10	Comoros	31	Seychelles
11	Congo	32	Somalia
12	Democratic Republic of Congo	33	South Africa
13	Djibouti	34	Sudan
14	Egypt	35	Tanzania
15	Ethiopia	36	Togo
16	Ghana	37	Uganda
17	Ivory Coast	38	United Kingdom
18	Japan	39	USA
19	Kenya	40	Zambia
20	Lesotho	41	Zimbabwe
21	Liberia		

For the full list of participating organizations see Annex I.

BACKGROUND

Every life matters. The 1948 Universal Declaration of Human Rights states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family." However, despite global declarations and goals, government commitments and pledges, calls to action, and targeted interventions, many health issues that are no longer problematic in other countries continue to plague Africa.

Mortality rates have declined globally. However, in spite of modern technology, mortality rates in Africa continue to be the worst compared to the rest of the world. For instance, maternal mortality is still unacceptably high in Africa. According to the World Health Organization, in 2015, roughly 303,000 women died during and following pregnancy and childbirth. Almost all maternal deaths (99%) occur in developing countries with more than half of those deaths occurring in sub-Saharan Africa. Almost all of these deaths could have been prevented. Additionally, while the adult mortality rate in Africa has declined from 361 per 1,000 population since 1990, it is still the highest in the world at 306 per 1,000 population in 2013. Similarly, the under-5 mortality rate in Africa has declined from 177 per 1,000 live births since 1990 to 81 in 2015, but Africa is still lagging behind.

It is equally alarming that national and international institutions neither collect nor report on the number of negligence-related deaths in Africa, despite widespread knowledge that many deaths are avoidable. Whether or not the data exists, it remains common practice for hospitals and health officials to not be held accountable for all avoidable deaths, poor hospital or clinic administration and negligence.

It is unacceptable to continue to make excuses and accept that subpar health standards, dysfunction, and avoidable deaths are to be expected and a way of life in low-resource countries. Efficiency, accountability, order, and rule of law are not reserved only for developed or well-resourced countries. Political and government actors need to change their mindsets and adapt the unopposable stance that they can and must use their country's resources well and impactfully. They must believe and do things responsibly and efficiently, given inadequate low resources, and must begin to take deliberate steps to build and maintain accountability in their institutions and health professionals. The collection, analysis, use and transparent dissemination of essential health information, such as death audits, (while bearing in mind privacy rights and confidentiality obligations) are an absolute bedrock for any accountable health system.

The health system has improved a lot from the Alma-Ata Declaration of 1978 – the first international declaration stating the importance of primary health care and the irrefutable responsibility of the government to provide primary health care to their people, to the Bamako Initiative in 1987 – which was adopted by African ministers of health to increase access to a minimum package of integrated services and essential drugs at community managed health centers, to the Millennium Development Goals, to the Abuja Declaration in 2001, to the Commission on Information and Accountability for Women's and Children's Health in 2010, to present day's Sustainable Development Goals. These improvements in health can be attributed to the large body of work targeted at improving health globally, especially in Africa. But more needs to be done especially if health in Africa is to reach standards and levels of the rest of the world.

The Sustainable Development Goals (SDGs) are very comprehensive and emphasize the interconnected nature of all the goals. While SDG3 focuses on good health and well-being, all the other SDG indicators

impact and affect its success. It is undeniable that health indicators will continue to improve as long as there are interventions; however, countries need strong institutions, good governance and accountability systems in order for health systems and service delivery to reach impactful, optimum and efficient levels and, arguably, to the very necessary high bar set by the SDGs. Countries need to veer away from isolated targeted interventions and adopt an integrated approach to address social issues. At the heart of all this is an overarching accountability framework for healthcare – and one that exists not just in scholarly papers, research studies and legal treaties – but one that is implemented, enforced, known and understood by a nation's citizens so that they can demand and then hold their governments, healthcare providers and other actors in the field responsible for delivery of equitable, safe, affordable and quality health services. Accountability must underpin the transformational change required in the healthcare system throughout Africa by 2030.

CONFERENCE OVERVIEW

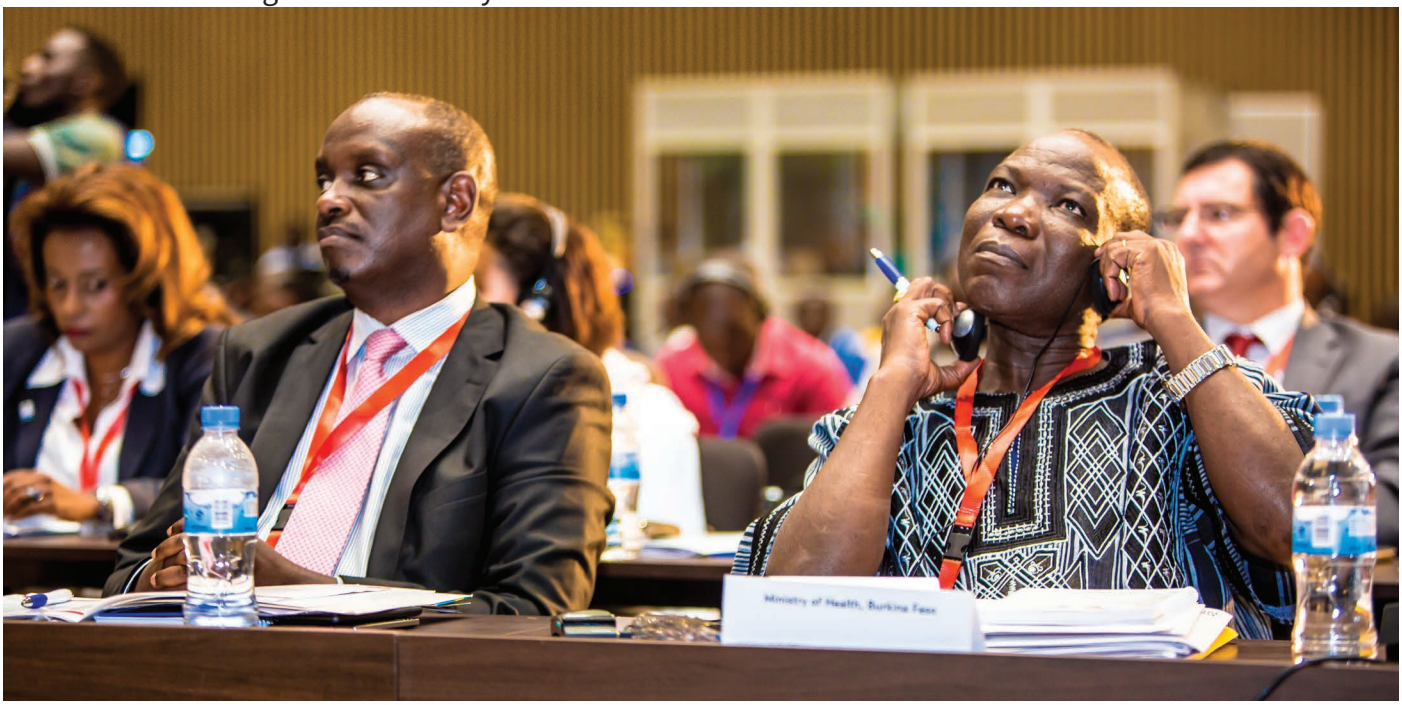
The *Every Life Matters* conference galvanized greater accountability and encouraged governments and health professionals to deliver by calling for commitments and actions by all political and government actors and other leaders in the healthcare sector to enact and enforce a standard regulatory system that facilitates and ensures true accountability in the health system. In addition, the meeting encouraged stakeholders to place ethical standards at the center of the quality of care offering and create greater awareness in the public of their inherent human right to health and along with that, the right they have to hold health officials and practitioners, at all levels, accountable.

The opening panel discussion brought together a range of dynamic speakers, health professionals and representatives of African medical networks, councils and research centers to address the ways in which we could build an overarching accountability framework for healthcare that will underpin the transformational change required in the healthcare system throughout Africa by 2030.

Furthermore, the discussions examined how political and government actors as well as leaders in the healthcare sector can enact and enforce a standard regulatory system that facilitates and ensures true accountability in the health system. Moreover, the panel explored how ethical standards can be placed at the center of the quality of care offering and various methods that can be used to create greater awareness in the public of human rights to health and holding health officials and practitioners at all levels accountable in order for health in Africa to reach standards and levels of the rest of the world.

Following the opening panel discussion, three thematic sessions focused on three themes of account-ability:

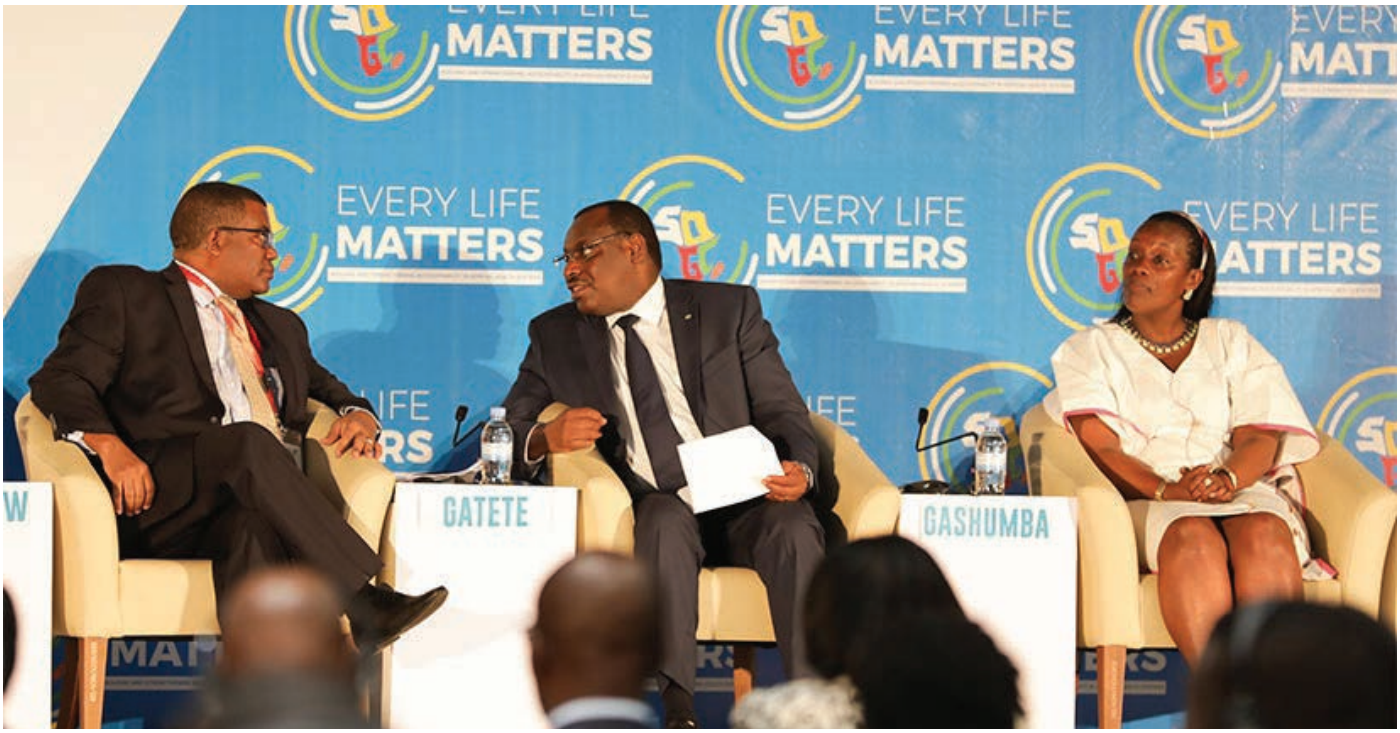
1. Building effective accountability framework to ensure optimal functioning of the health systems in Africa
2. Engender efficient, strong and long-lasting health accountability mechanisms in Africa using data, research and development.
3. Establishing appropriate solutions and other accountability mechanisms to ensure proper functioning of healthcare system in Africa



III. HIGH LEVEL OPENING

THE SDGC/A CONFERENCE OPENING

The SDGC/A Conference -Every Life Matters the conference was officially launched by Honorable Ambassador Claver Gatete, Minister of Finance of the Republic of Rwanda and featured opening address statements from Dr. Takao Toda (Vice President for Human Security and Global Health, JICA), Ms. Zouera Youssoufou (Chief Executive Officer, Dangote Foundation), and Honorable Dr. Diane Gashumba (Minister of Health for Rwanda).



SPEECHES AND KEYNOTE ADDRESS

Welcoming Remarks by Dr. Belay Begashaw
Director General, SDGC/A

Dr. Belay Begashaw, started his speech by welcoming participants; thanking the SDGC/A board members, partners and donors that have supported the Center financially and technically, as well as the Ministry of Health of the Republic of Rwanda and other government institutions for their dedicated support towards the organization of the conference.

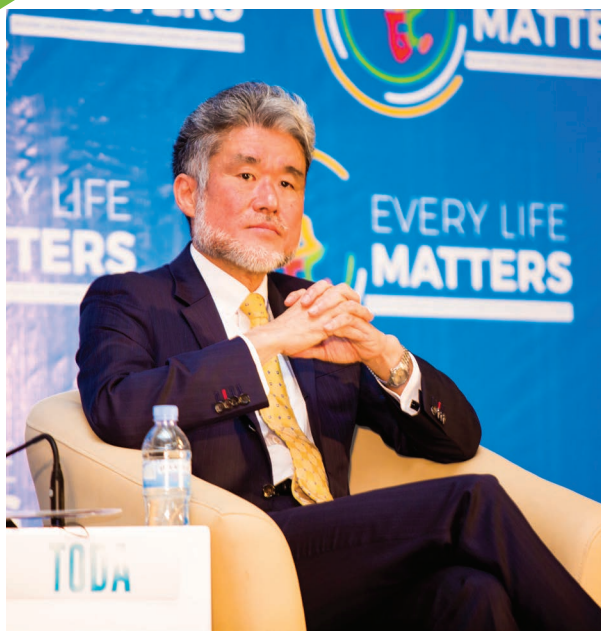
Dr. Begashaw particularly expressed his deep gratitude to His Excellency Paul Kagame, President of the Republic of Rwanda, and the Government and the people of Rwanda, for hosting The Sustainable Development Goals Center for Africa. He presented the history of the creation of the center, the role and how the SDGC/A is not going to work like "business as usual". The Center therefore brings together the many actors involved including; national governments, private sector, international organizations, civil society organizations, academia and the citizens themselves, to deeply assess the situation and jointly deliberate on concrete actions to resolve specific issues. In a nutshell, the Center provides suitable platforms, where in-depth discussions are provoked, which, in turn, trigger fruitful debates on the acceleration of sustainable development across Africa.

Coming to the conference theme, Dr. Begashaw explained the meaning of the theme "Every Life Matters." He called African people to critically look at the root causes for deaths and to urgently address the whole issue of accountability. While the 17 goals are global in nature and are therefore supposed to be implemented by all the nations worldwide; Dr. Begashaw noted that some are more critical for the African continent than elsewhere. For instance, the burden of health and wellbeing (SDG # 3), is more critical in Africa than it is in the developed world and therefore, more has to be done here, if the 2030 deadline is to be met. Therefore, any plan to improve the health care system, should tackle the problem of accountability into context. Despite the undesired current situation in Africa health system, there is new hope for Africa in the horizon through the fast moving IT revolution encompassing all sectors, including in the health sector, and making people better educated, healthier, and wealthier.

In order for the health indicators to improve in a sustainable manner, countries, particularly those in Sub-Saharan Africa, need strong institutions, good governance and accountability systems, which will enable the health systems and service delivery to reach impactful, optimum and efficient levels as set by the SDGs. Thus, accountability must underpin the transformational change required in the healthcare system throughout Africa by 2030.

There is a great need and urgency to establish a health system development fund for Africa. Dr Belay calls upon all health stakeholders but more especially African leaders to throw their weight behind the need to establish this African health fund. In addition, National governments should also take a lead in making adequate budgetary provisions for the health sector, create conducive environment for the private sector to participate. Dr. Begashaw's speech ends by presenting how the two-day conference will be managed and the expected outcomes.

The full speech can be accessed on: https://bit.ly/2J6v2oH



Opening Address by Dr. Takao Toda

Vice President for Human Security and Global Health, JICA

Dr Takao Toda emphasizes his speech around the UHC in accelerating the achievement of the SDG3. Talking about SDG 3 Dr. Toda said it is related to SDG 1, 2, 4, and 5 (gender), 8 (growth), 17 (partnerships) – all related. UHC – SDG 3.8 must be the core of the SDGs and the accountability is the core of UHC. Accountability is the core of the core of all system. He expects that African ownership will grow with the harmonization of traditions and modernization.

Dr. Toda gave his point of this about the misunderstandings related to UHC and took the example of Japan by describing in which context and how his country achieved the UHC. There are about 3 major misunderstandings about UHC: (1) UHC is a health sector specific issue. This is not. UHC is a nation building issue. (2)UHC should not be the result of economic growth, but most of us have a tendency to understand that this could be the result of growth, but this is wrong. He explained that Japan achieved UHC when they were still poor. Japan UHC achievement contributed a lot to their extra high quality growth for 3 decades and contributed to the income re- distribution. (3) The last misunderstanding, Based on Japanese. UHC is about medical service and medical insurance, right? No, totally wrong. If you stick to the improvement of those systems, you will go for bankruptcy.

Talking about accountability, he pointed out 3 kind of accountability: the first and the most important accountability is the people's accountability to the people themselves. The second accountability- accountability by hospitals and doctors to the people. The third accountability is the government's accountability to the people including to the more marginalized people.

Dr. Toda ended his speech by calling everyone to commit to achieve UHC within a very short time framework. He thinks that is possible as fortunately, nowadays we have ICT technologies. We can share very easily wisdom, lessons learned, success stories, and failures in a second all over the world. SDG Center for Africa, led by Dr. Belay Begashaw, should be, he strongly expects, the knowledge center of global and African development toward complete UHC. We can achieve so, so long as we reach and act.

The full speech can be accessed on: https://bit.ly/2LDtf95

Opening Address by Ms. Zouera Youssoufou

Chief Executive Officer, Dangote Foundaton

Ms. Zouera Youssoufou spoke on behalf of Mr. Aliko Dangote who unfortunately couldn't be with us at the conference. First thanking the SDG Center management and the people who participated in organizing the event, Ms. Youssoufou expressed special gratitude of the Dangote Foundation to His Excellency, President Paul Kagame, President of the Republic of Rwanda and Founding Chair of the SDGC/A Board for graciously hosting the Center in Rwanda.

Ms. Youssoufou recalls the three dimensions of SDG about social inclusion, environmental protection, and economic growth. She said that the SDGs are there for everyone's business: governments, civil society, academia, researchers, private sector, and the citizens. However, governance and management of all different perspectives call for an effective accountability framework. Each player should understand their roles and responsibilities and deliver at their very best.

For her, even the healthcare services are usually the responsibility of the government from regulatory to provision of services; the private sector should play a big role when it comes to services as the majority of the share sits with the private sector. Government should therefore set up the right regulatory frameworks and continue to mobilize resources internationally and domestically for health services, but they need to recognize the potential of the private sector considering that they cover the health services of the majority of the population.

The private sector can contribute to improved health systems through investing in product development (i.e. pharmaceutical products, health insurance products, technology, hospitals, setting up food industries that provide nutritious food, and even medical schools, etc.). Governments and other shareholders need to come up with innovative and appropriate financing models that will work for the private sector. Ms. Youssoufou also explained the role of the private sector in achieving the universal health coverage

Coming back to the notion of accountability in the health system, she though that government regulation processes need to be strong, efficient and transparent with no corruption and on the other hand holding accountable all health workers, including the private sector ones. The private sector should conduct their business responsibly with a conscious effort that doesn't allow for substandard services in the pursuit of profit. Ms. Youssoufou ended her speech by congratulating Rwanda for setting up a compulsory community health insurance scheme, Mutuelle de Santé which makes primary health services accessible to everyone irrespective of their socio economic status.

The full speech can be accessed on: https://bit.ly/2xrid3I

Opening Address by Honorable Dr. Diane Gashumba
Minister of Health of the Republic of Rwanda

Honorable Dr. Diane Gashumba on behalf of the Government of Rwanda welcomed the participants in the conference. She said that it is our sole responsibility as African countries to ensure that there is proper use of resources when we talk about accountability. Honorable Dr. Gashumba believes that data is needed across the continent to accurately display concerns for care disruptions. Even without this data, we should work to put in place the best health standards and avoid preventable deaths in African countries.

The health officials must uphold values of efficiency, accountability, order, and the rule of law in order to encourage excellence and avoid negligence. Inadequate care coordination is estimated to cause Governments millions of dollars through healthcare professional malpractice payments. To be accountable to patient safety and be held responsible in cases of patient harm, healthcare systems need valid and transparent measures for harm-prevention through harm-reduction educational initiatives and improved service delivery processes. Health care providers should endeavor gaining patient trust through offering distinctive services.

The accountability must come through a process of analysis, policy and process creation, implementation and learning, and a continuous monitoring and evaluation. In addition, empowering patients with the support and tools to be their own health advocate is critical to improving outcome and reducing costs as part of any accountable care environment.

SDG 3 aspires to ensure health and well-being for all, including a bold commitment to end the communicable diseases by 2030, provide access to safe and effective medicines and vaccines for all. Supporting research and availing data are important in enabling stakeholders to make informed decisions and to ensure the accountability of representative bodies.

Honorable Dr. Gashumba ended her speech by requesting a collective effort in addressing challenges in our health system and ensuring accountability and patient safety and request to all to put the health of our population at the top of our daily agenda.

The full speech can be accessed on: https://bit.ly/2GW4npi

Keynote Address by Honorable Ambassador Claver Gatete

Minister of Financeand Economic Planning of the Republic fo Rwanda

Honorable Ambassador Claver Gatete started his speech by welcoming participants, thank the SDGC/A for its excellent work in identifying and addressing key SDG related issues in Africa and beyond. He expressed also his thanks to Rwanda Ministry of Health and other partners for their involvement in organizing the conference;

Achieving the health related SDGs requires strong partnerships among all stakeholders in Africa including the private sector. The accountability is critical in delivering strong health outcomes. He shared the Rwanda experience about the accountability which is enshrined in the governance framework right from the highest political level. Policies and Tools have been developed to ensure a performance and results based culture is developed in all sectors including health. This tool is commonly known as the "imihigo" or performance contracts and has been central to the transformation of the country post-genocide.

Rwanda has established policies and tools at the national or institutional level and further decentralized them to the villages and to individuals. This has empowered communities to demand accountability conveniently. This has been reinforced with the practice of regular performance reviews and performance based incentives. Meeting the increasing needs of the citizens requires significant investments which require strong strategies to mobilize sufficient resources to ensure adequate financing.

To hold the health system accountable, Rwanda is currently rolling out the Integrated Financial Management Information System (IFMIS) to all health centers which will ease monitoring and management of resources (including own revenues of health facilities) and enhance accountability.

Honorable Ambassador Gatete pointed out the role of technology in driving accountability. There are many areas to be explored in this regard including: the modernization of health systems to improve and scale up service delivery, the digitization of health services, the delivery of health services in remote places, among others.

Honorable Ambassador Gatete ended his speech by calling the participants in this meeting not to shy away from proposing bold and unconventional solutions to dealing with health challenges and then declared this conference officially opened.

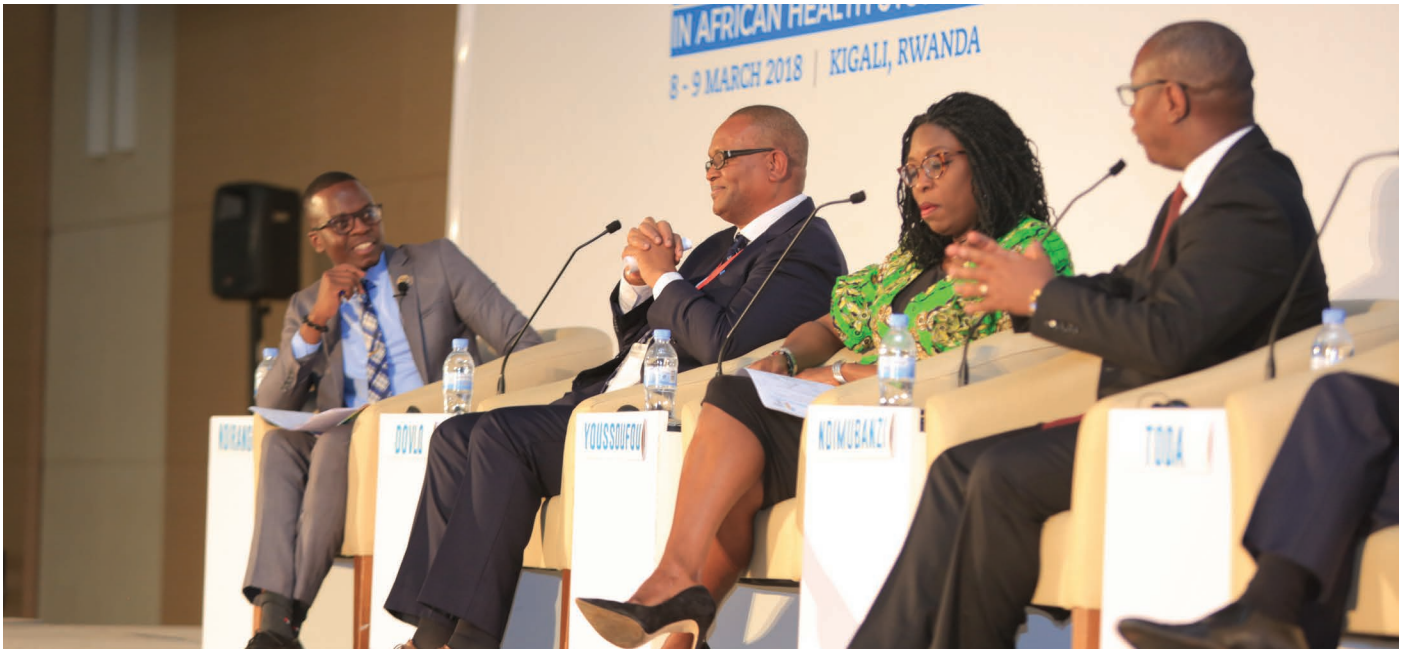
The full speech can be accessed on: https://bit.ly/2sdhtd5

IV. HIGH LEVEL PANEL DISCUSSION ON IN-COUNTRY ACCOUNTABILITY MECHANISMS TO STRENGTHEN HEALTH SYSTEMS IN AFRICA

Moderator George: For this particular plenary. We will be creating context and directing where the conversation should focus on. We have seen on the videos, we have 17 SDGs, the unfortunate fact about these goals, some of them are more African than other, Education, water and no surprise Health. Health is serious Africa's specific issue, now for today we would like to break down building accountability and of course try strengthen our system. Just last week, in Kenya, a Surgeon in the medical team opened the Skull of a wrong patient and operated on him, when the hospital got to know about the incident, of course the Doctor was suspended, some of the doctors went on a strike saying that Doctor cannot be blamed for Hospital irregularities or lack of focus on procedures. So, who is in this case do we hold accountable? is it the national hospital or is it the Doctor? We would also like to understand why by 2016 in sub Saharan Africa we have 5. 6 million children die before their 5th birthday and we expect 6 million between 2017 and 2030 if the current trend continued. why is it the case when we are talking about in the high-level meeting? we haven't mapped out the basis. We'd also like to understand where we are with private and public financing, prospect of health funding, we'd also like to understand what went wrong with International communities advising us 30 years ago.

1. Mortality in Africa

Moderator George: It seems like a powerful conversation that's why we have distinguished panelists all the way from my left to guide us through this. I will start with Dr. Devlo . Deaths are unavoidable but Mortality rate should be explainable right? We would like to understand how die is the situation right



now . You could tell us the situation on the international level then we will hear Honorable State Minister on the situation in Rwanda.

Dr. Dovlo: You made an important point, mortality is too high. It is clear that whether general mortality, adult mortality or child mortality is much lower in other regions than what we found in our region (Africa). Sometimes in places with much less wealth than ours. We do have a crisis around reducing " Mortality", there are a number of factors that rise the inability to maintain the status of " Healthy" . True , the lack of accountability is a big issue . Accountability for results have been quite an issue across all the countries of the region, having the political will to be able to ensure that people are all responsible for the tasks and the things that they are supposed to do, remain a great challenge.

Honorable State Minister Dr. Patrick: True some deaths are avoidable, over the past years, Rwanda has been trying much to reduce mortality, we have been able to achieve MDGs, we have been able to reduce maternal and infant mortality drastically. This was done through different measures that the country has taken, including Community Health Workers (CHWs) who are instrumental in reducing Maternal and infant mortality.

"We need systems that ensure that professional go through processes that allow them to be responsible and questioning all incidents." - Honorable State Minister Dr. Patrick

Moderator George: we've heard about Mortality rate, Hong Kong has the highest life expectancy, over 60% of Japan population die at 65, this is not the case everywhere in the World, we need to understand what those countries are doing that others are not doing with regards to Health because we know Health plays a major role in this.

"The most important thing is system. How do we build systems that are accountable to citizens? Systems that are continuously being improved?" - Dr. Toda

Dr. Toda: I would like to put on the table, the empowerment and protection, when we talk about system, when we talk about preventability, Japan has been always talking about the possibility of empowerment, prevention by enlightening people sanitation, education.

Ms. Zouera Youssoufou: part of the challenge is, let me call it lack of un-

derstanding between Public and Private Sector which is a critical gap, the countries that have figured out how this works well, are doing better.

"When we talk about system, lets shade light on importance of the empowerment". - Dr. Toda

2. Governance and Accountability

Moderator George: We still have healthcare professional especially medical doctors and pharmacists and other healthcare professionals moving forward with irregular system, with much complacence and no whistleblowing whatsoever, take us through why and what needs to be done

Dr. Devlo: Lack of technical will, if I may call it, I refer to the wrong patient operated on the skull was a concrete disaster

Mr. Robert Yates: This is quite a sign of poor governance, a system where Healthcare professionals are not given much care and attention, in some places where healthcare professional are not paid or just paid late, you can see how they become demotivated and this affect their work, I think we need to recognize that Healthcare professional are valuable assets for any country, we need to find a way to remunerate them, designing easy ways for access to finance etc..

"We also need to focus on empowerment of citizens to be aware of what their rights are, and how they proceed to hold the people in charge accountable." - Mr. Yates

Participant: My name is Dr. Githinji Gitahi, I work with Amref Health Africa

You made a reference to the fact that actually governments are unable to pay doctors well and we have seen quite a number of dramas on more paying across the continent which has actually turned into what I call " Professional Apartheid" because the value of health sector which is nurses, clinical officers, health techs, all these people are sitting behind while doctors are demanding and actually governments ending

up giving doctors more and yet these cadres actually over 80% of healthcare professionals of Africa, I am trying to frame my question, at what point you balance how much you pay doctors and the need for a particular economy, so the Ministries can be able to pay fairly both doctors and paramedic professionals. I would like to hear from what is happening in the United Kingdom with regards to paying per number of hours or on a contractual basis.

One more question to the Panel, I would like to hear, when we talked about accountability, users and patient do not complain when they get the bad services, they basically take it, the patient who had the wrong surgery cannot go to court, we don't want to encourage unlawful legislation on health, then we go the American way, is there any ideas on judicial process for healthcare? Where actually patients can go and complain not through lawyers but through a specific judicial court that is able to give justice to patients?

Dr. Toda: To be really frank, there might be too many doctors in Africa, I said this intentionally, when we consider proportional number of efficient paramedical, in any event of financial means scarcity you need to be very cautious about increasing number of Doctors vis a vis increasing number of paramedics, yes if you have comparatively too many doctors and paramedics with less dignity, what would happen? That is what happening in Africa right now, sometimes Doctors cannot do great things but nurses and midwives can do great things.

Prof. Cotton: Let me just say, the conversations we are having today are amazing, I think it is important to have these debates and conversation continuously in healthcare professional training and curriculum, do people really understand the context in which they will be working in? I don't know many doctors who have joined medicine for social status and money.

"So, we need to be careful when it comes to constructing appropriate proportion of a medical team consisting of doctors, pharmacists and paramedics". - Dr. Toda

"I want also say that Rwanda has shown good governance this is fundamentally important. I just want to share another term that is exclusively Rwandan "IMIHIGO" and "ITORERO" which teaches about values, national values, dignity, equality, self-reliance that goes through everything we do, so we don't only talk about people to account for what they do and what they need to do, but we also talk about values". - Professor Cotton

Dr. Toda: On NGOs approach, agree with me , I will be intentionally provocative, when I was in the OCID committee talking about governance index, a number of European experts suggested that the number of active NGOs could be a very good indicator of good governance and I opposed it, I strong opposed it , here is the reason why- when it is put in the context of universal health coverage system, if they increase compartmentalization by respective NGOs and donors, what would happen?

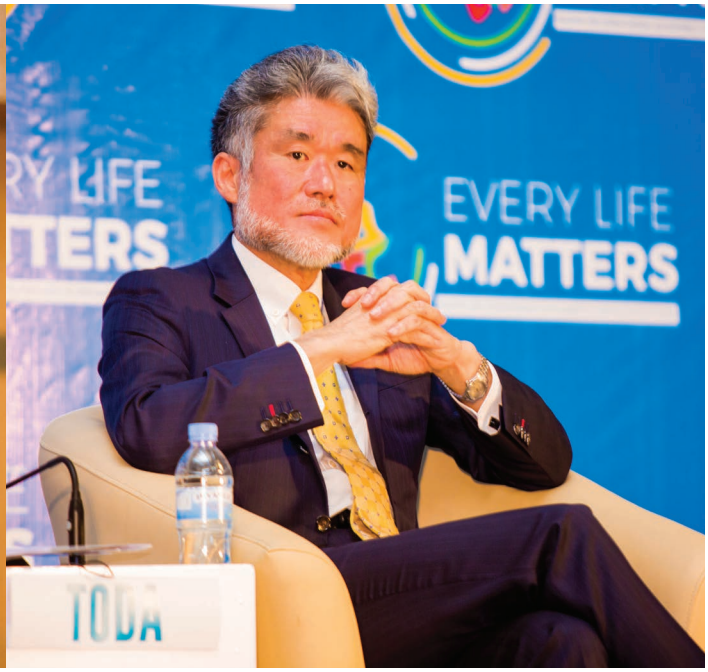
"The most important critical risk for construction of health system is "compartmentalization". That has not mean that NGOs should keep silent, NGOs should be vocal and dynamic and have a say to the government. But a system should be creative, collectively and jointly not in a separate way or compartmentalized way- that is my response." - Dr. Toda

3. Data, Technology and Education

Moderator George: Research and data have been an issue, help us understand how research, Education, data collection & dissemination come into play

Prof. Cotton: I think the whole issue needs to be looked at, bulk data is incredibly powerful, what we do with those data is rather questionable sometimes and what we are trying within the University of Rwanda is to engage our students rather strategically interrogating data, cleaning data, collecting data, analyzing, evaluating and synthetizing those data.

Honorable State Minister Dr. Patrick: Rwanda is very much into ICT and technology, and we strongly believe that all our policy should be based on evidence, so we definitely care about Data. When we started rebuilding our health system, one thing that we did, was to ensure that we get reports from all health facilities on timely manner.



Ms. Youssoufou: The public sector is in charge of putting in place structures, policies and rules but most of the cases, private sector are the ones giving services. So, when we talk about Data, who is in charge of collecting data? I will give you an example, in my organization we are working hard to increase the rate of immunization of children in Nigeria, the only way to know that this is happening is actually survey citizens to know if children were covered. There was administration survey and our survey, the data that we get from Administration does not match. So, we should put in place strategies to incentivize the right recording of the right data.

Prof. Cotton: Basically, we need people who understand data, who know the power of data and who can do something with data. When you look at the data that have been collected in other parts of the world, they look at the number of saved people, the number of Kidney failures and amputation avoided by the intervention of skilled healthcare professionals notably nurses.

"I think we need to take a little bit different view on education, the education nowadays should focus on case study than holding notes for the sake of exams and the University of Rwanda has started to change that". - Professor Cotton

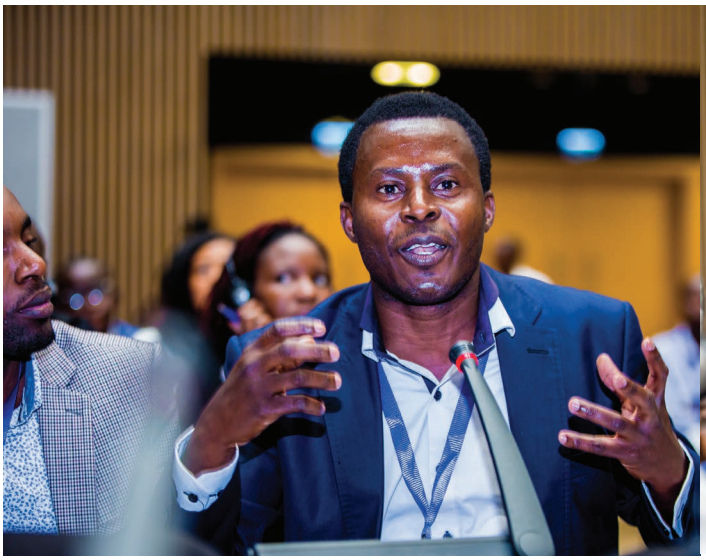
"Data should be the central of what we do, even in the planning phase, we must base on data, we could set our objectives and targets based on data" - Honorable State Minister Dr. Patrick

Participant: I am Dr. Olu from Nigeria, my main question is Data collection, data analysis. you have said that there is data collection at the University level and health ministry level, how can that gap be bridged?

Dr. Toda: Relationship between data and our visionary thinking, Data should be consulted and re-consulted by academia with close collaboration with Healthcare professionals.

Prof. Cotton: On data absolutely, the first paper that was published in the lancet about performance-based funding was produced by the School of Public Health in the University of Rwanda driven by the Ministry of Health, we have just completed the first ever health survey, it was done in a completely connective way with the government. There is no way to say that we should research just for researching. And when we got statistics and data we sat with our colleagues, the Honorable Ministers, and said… help us understand this, what is your advice, how might we help you to see the data in a more realistic way.

That's some of the stuff we do because we are compelled to interrogate policies, to feed in policies and to make sense of policies.



4. Africa Health Financing: Funding and External influence

Moderator George: Lack of resources has been made an excuse for double standards in healthcare, what are your thoughts about it? Most countries of the Sub-Saharan Africa, we barely have Autopsy systems, we usually see people fly to different destinations in India, America and Europe, seeking for medical services , where would funding lie across the continent, why don't we see people putting a potential bucket for possibly health funding in Africa, we still rely on international money, please guide us on that, you still well on board of a lot of money.

Ms. Youssoufou: Let me just start from that point, before people put their money, they have to know how their money will be managed and who is in charge of that , this kind of discussion we are having around accountability and governance is key, you will never find somebody who worked so hard to get their money, put money in the bucket where they don't know how their money will be utilized.

The problem around medical tourism also comes back to what I was saying earlier, Public-Private Partnership (PPP), We have been having interesting with AfreximBank who are interested to put up a Centre of Excellence, the center of excellence is to stand the floor for medical tourism in Africa.

"Just last week we were having a discussion on why people go outside for medical services? Why? Why can't we have the same facilities in our country so that we make services available and affordable to our people?"

Dr. Dovlo: The point that we are trying to make, there is no question in a way that economics state that 30% will stay for a while. My question is with the efficiency with which we handle the 70% that we use ourselves. In Nigeria 75% of health expenditures is out of pocket. We can't continue that way, unless we get that 70% right.

"Mobilization of resources is quite a challenge, in our region most of the health expenditures resources come from external sources."

Participant: Thank you, I'm Dr. Rodriguez, I'm from DRC, I would like to ask a question about what Dr. Toda said that it's important that the people participate in their health care. I would like to know what you think about these NGOs that come into the community and they offer free care and when you oppose, when you say that the population has to contribute, they say, no, that's the way we work.

"The bigger portion we use in health must be better allocated, better utilized in order for us to achieve better health in Africa." - Dr. Dovlo

You see them often, one year, two years and after 4 years they disappear while the system in place was already destroyed. I work in a village in the DRC, NGOs have always brought good materials but when they leave, everything is broken. What do you think about that? What could the partner organization like WHO can do to avoid this kind of health tourism?

"I think the question about NGOs giving free healthcare is that people want help, and that help sometimes comes in a way to destroy what country and system try to put together. I think countries has to look for ways to regulate that, everybody wants to help us but we don't have to say yes to any help and at the same time we need to control the kind of advices we get from those people." . - Ms. Youssoufou

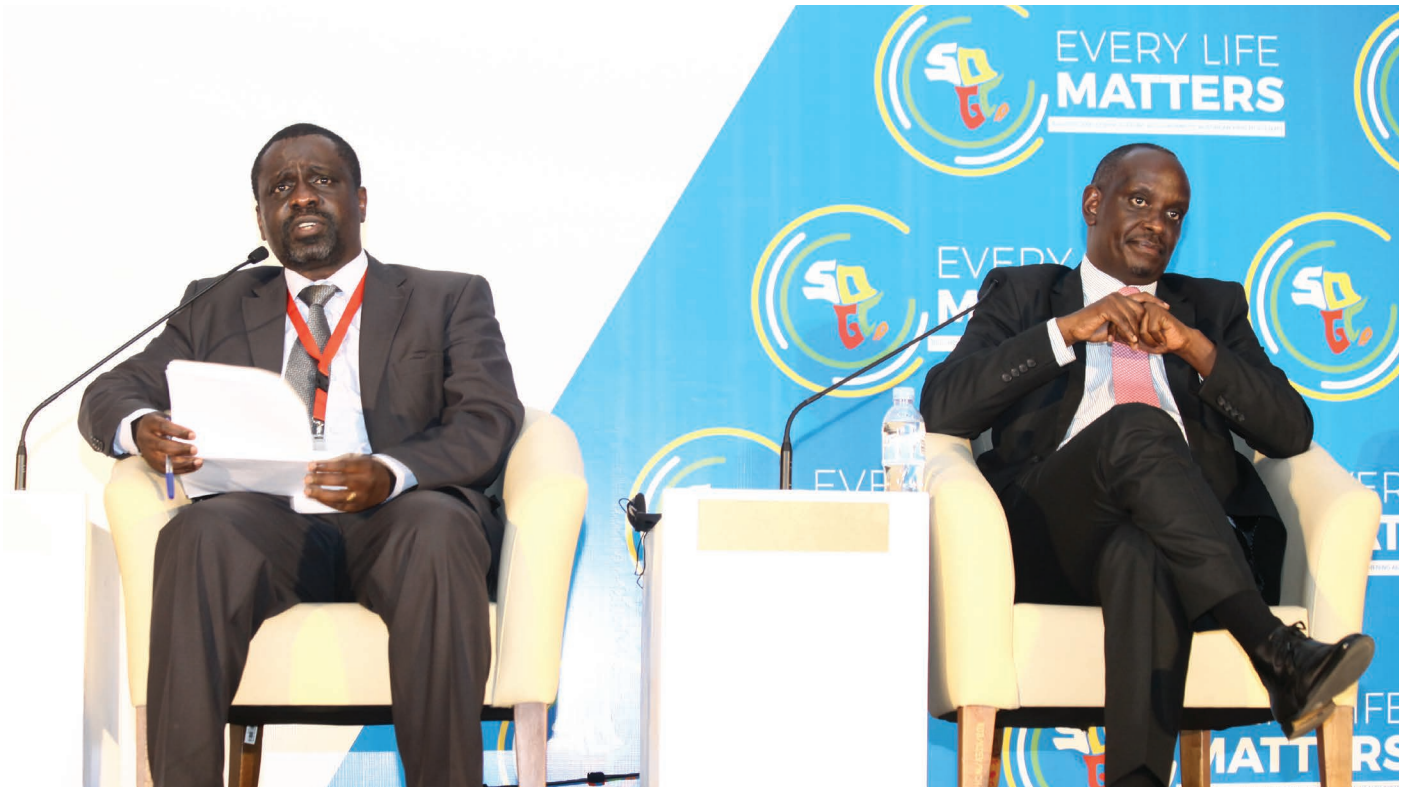
Ms. Zouerra: This happened on regular basis, at least this would make sense if those support can come and train our healthcare professionals, but sometimes they come, put the clinic, provide services for free during one or two weeks, and then leave but in the meantime nobody is trained, nobody is getting anything professionally only people who were able to visit that organization.

Dr. Belay: Thank you, it is really a great panel, I want just to share two observations, the first one, I just want to know how we can relate scarcity and quality, scarcity is leaving to low quality perhaps, I think a notion we are trying to interpret during these circumstances is, we have to see how this should not happen, we have to see this in 2 perspectives, one is that we cannot wait to get prosperity to talk about quality. So, we know that Doctors are not paid well but for the amount they are paid, how much are actually devoted to issue of quality, if we are going to answer these things correctly, we are not going actually to have different ways of solving problems.

"…there are countries actually suffering from scarcity but also actually having great quality outcome, countries like Cuba, Namibia and other countries where health systems are accessible and of good quality. So, I think there are several variable circumstances that we have to deal with as prosperity is not guaranteed, scarcity should not be an excuse of lack of quality healthcare". - Dr. Begashaw

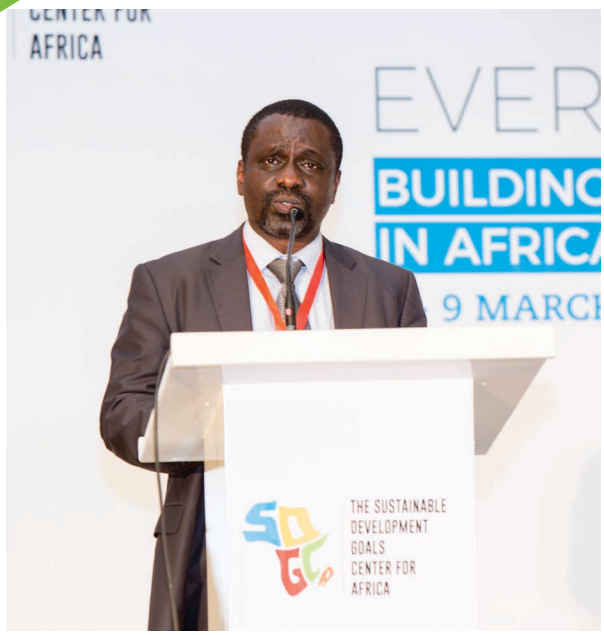
V. PARALLEL THEMATIC GROUP DISCUSSIONS

SESSION 1: Building Effective Accountability Framework to ensure optimal Functioning of the Health Systems in Africa



The Thematic Group Session 1 was chaired by Dr. Humphrey Karamagi, SDG Coordinator at WHO Regional Office for Africa and Honorable Amb. Dr. Richard Sezibera, Senator, Government of Rwanda who served respectively as resource person and Facilitator.

Theme group session 1 aimed at defining the appropriate mechanisms for oversight and accountability. It included a thorough review and understanding of current accountability frameworks in Africa to assess what has succeeded and failed and then create a plan on how to strengthen existing accountability structures and new ones. Participants determined the core elements of an operational framework for health accountability plan to be suggested to the African countries.



INTRODUCTORY PRESENTATION ABOUT THE THEMATIC SESSION

By Dr. Karamagi Humphrey, Resource Person/ Presenter

Dr. Karamagi opened the session by giving insights on the current health issues in African, attributes of the accountability in Health and laid the foundation for discussion thoroughly on the issues and proposed solutions.

Key points from the presentation

1. **Current Health issues in Africa:**
   - Persisting inequalities within and across Member States: hard to reach population, investment inequities, poor service delivery
   - Still persisting high burden of ill health and death: Dual burden of communicable and non-communicable conditions, new / re-emerging health threats
   - Partial response to current needs: Inappropriate alignment of priorities with actual burden, services are still too few for UHC and SDG attainment
   - Changing context in countries: Demographic changes (Youth bulge, ageing populations), economic changes , social / cultural changes (urbanization, informal settlements), environmental changes (climate change and effects on development)

2. **Attributes of Accountability in Health**

Attributes include: risk management culture, transparency and openness, clear strategic directions, clarity of responsibility chains and form of decision making culture. Accountability is also characterized by: Assuring value for money in production of desired health goals, answerability and enforcement capacity, perspectives (horizontal versus vertical; political versus legal), using private sector lessons for improving accountability

3. **Fundamental needs to enable accountability**
   - Simple, homemade and country-owned solutions
   - Clear SOPs for accountability
   - Attention to detail – possibly borrow checklist from airline industry
   - Corruption mitigation
   - Peace and ethnicity considerations
   - Political stability, goodwill, and support
   - Democracy and participation culture
   - Appropriate leadership skills

– Good data, information, and intelligence are critical
– Use data differently: to inform results
– Cross-country lessons
– Learn lessons from private (corporate) sector accountability
– Multi-tier responsibility system (political, health workers, public)

4. Ideas for accountability mechanisms to different actors

Technocrats/administration

– Focus on results (not inputs) with emphasis on whole system
– Don't forget cheap, effective ways that have worked in past
– Positive reinforcement culture
– Institutionalized accreditation for quality

Peers

– Determine good working relationship between regulatory and professional bodies
– Orient professional bodies advocate for both public health workers and the public equally
– Rebuild professional ethics – people focused NOT disease focused
– Build peer networks
– Ensuring pre-service training (need soft skills)

Decision Makers

– Figure out role of the private sector – government engagement is key in this, then determine mechanisms
– National level SDG-focused workshops on accountability

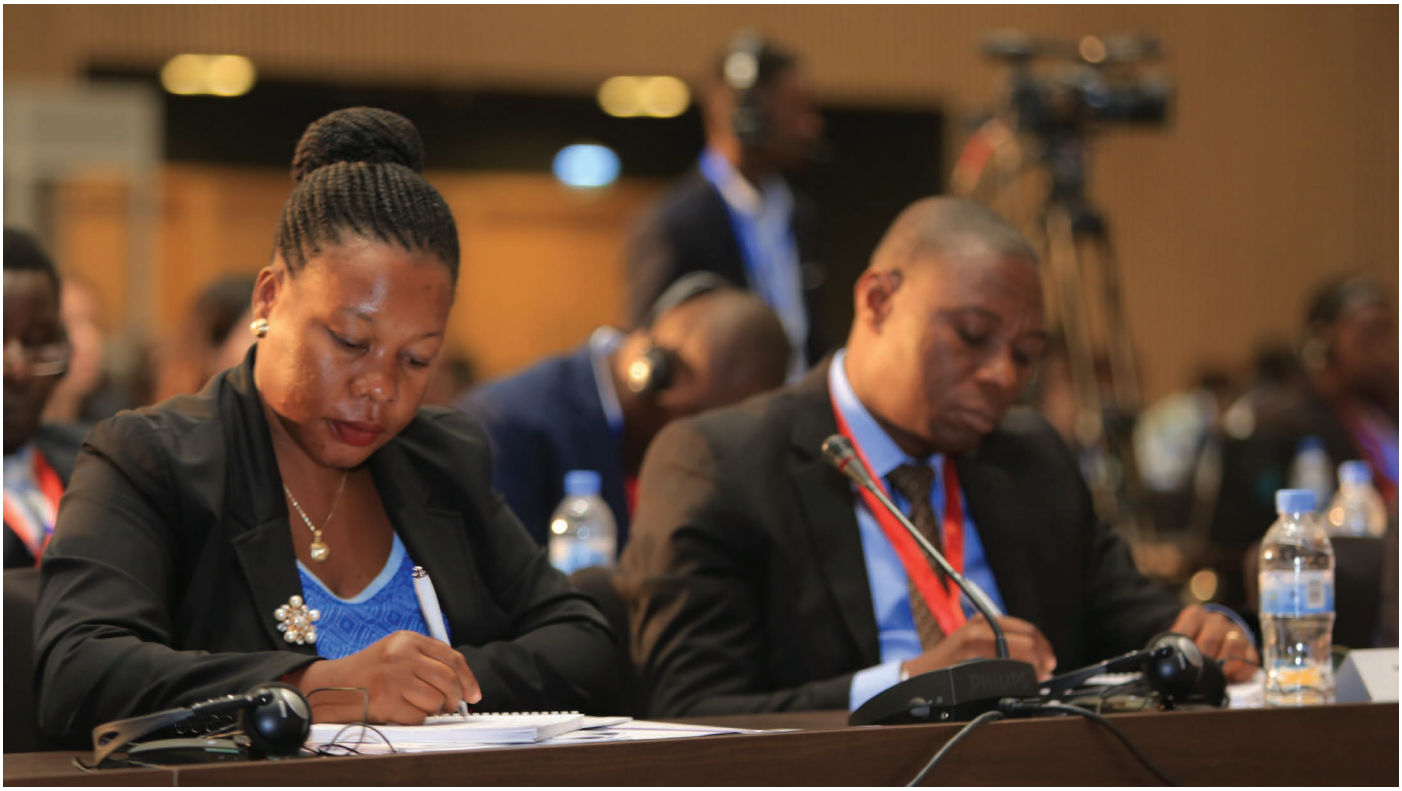
Citizens

– "All you do for me without me is against me"
– Citizens also bear responsibility (eg. Making contributions, caring for their health, etc.)
– Public needs to understand health and health professionals need to understand public
– Clear role for civil society

5. Issues for discussion

– How should we make the 4 different facets of accountability functional, for attainment of health results? Actions to ensure they are functional in a manner that assures health results
– How we involve other sectors in accountability systems for health results (especially Agriculture / food security; water / sanitation; infrastructure)
– What are key tools, institutions or structures critical for functionality of the 4 different facets of accountability
– What are drivers of good practice for each facet of accountability? Role, and design on incentive mechanisms for each facet of accountability.
– How should we promote mindset change to ensure accountability for results, for people?

DISCUSSION AND PARTICIPANTS VIEW



Question:

Dr. Sezibera: 1) What are one or two drivers of success for those countries that have succeeded?

Views:

Dr. Humphrey : We have a number of countries in our region which we are saying that are almost succeeded, I think from the slides, the developed healthy life is quite good in Algeria, Seychelles and so on which are almost there and what has not happened as yet is looking at all these set of countries and saying what are the commonalities across them not just in terms of money, I think as you just said there are some of these countries like Rwanda which have done very well with very little money but asking questions to do with how well are their investments integrated, what are the kind of accountability systems that are functioning in those countries not what are aspiring to do and what kind of designs are their systems having .

For example, most of those countries which are doing well have a high level of domestic financing and countries which are more average and bit on the lower side the government has basically abrogated the role of financing to other actors and so I think it's a mix back, I cannot talk and say its 1,2,3,4,5 issues but the issues would really rotate around how well are investments integrated, they are not just recruiting health workers to point that the health work force is taking 70% of the expenditure and it is not the correct way to go and they are not just buying drugs but what kind of investment mix they have and how well are they investing across all different areas and placing a lot of emphasis.

"The issue of governance and accountability in health is one of the critical drivers that would take us towards the SDG goals."

Dr. Sezibera: 2) Even for those countries which have succeeded they are not where they should be because others have done than us at relatively similar income levels and we have not succeeded so is there something else that we need to do to succeed beyond just what we've been doing?

Views

Dr. Humphrey: Those countries have all different systems but we need to explore what kind of governance and accountability mechanism that exist, Most of these countries are usually open countries , decision making is not closed, a number of stakeholder have different inputs but also I said the 3rd area is the design of their systems. How do you plan and provide and plan services through a static facility for a large and power setting is always up and down the informal settlement and also very hard to reach onomastic population so we need to look at the way systems are designed in these countries which are almost there and what lesson other countries can learn how they design their systems.

Question:

Discussant: "I think a lot thing is useful but there is something in the mix that you are not seeing. When you are talking about governance, what is it in governance that you are not talking about because if resources are not coming and we are throwing in money what is the plan? What is unblocking this fight that stops us having a continual? So I think we need to be true to our self and say what is it in the continent or the region that is stopping us."

Views

We have not interrogated the data that we have adequately. we have not said what is it that stops us reaching where we are. Perhaps you are looking at the health indicators traditionally the way we know them but there is something in the social or what we call structural which is in the social determinants of health that perhaps we are not looking at but in governance area perhaps we are looking at as a culture change. For example myself and my son, let me give my son as an example: my son wants to get rich very quickly so he will do things very differently from all my passion what I will do, what it is when we are growing that is making us not passionate about this continent, I think if you bring that culture back I will become a very happy mother.

Critical questions

Participant: Our training in medicine, pharmacy, nursing etc. is a very bad culture of its punitive so we are not having positive reinforcement, so how do we change a culture to be more of a learning experience rather than a punitive one?

Participant: I did not hear you talking about the role of regulatory bodies in building trust especially in issues of medical negligence. I think the public often views these bodies as protecting the profession rather than building trust or rather they do not see justice happing quote and they are supposed to build trust so that when people raise issues of accountability and this one I am focusing a lot on medical negligence because that's has been the focus in Kenya, do they trust these bodies to execute or to properly conduct audits and implement any remedial action?"

Question

Participant: I do not think that conversation on accountability in Africa without talking about corruption is complete, being a unionist and being a member of the Kenyan Medical Practitioner and Dentist Union , we had the most prolonged Doctors striking in the world and because of much as people are claiming that Drs were asking a lot of money we were seeing a lot of mismanagement in the money that is already there billions of shillings were being spent on so called container clinics that are lying at the port while they are being told there is no money to pay. The scandals in the health sector in Kenya are open for

everyone to see so cannot talk about accountability in health without talking about corruption.

Views

Participant: If you look randomly at the countries that are doing well in health care like Rwanda compared to Kenya and you look at their position, their transfers are transparent, in international corruption index it is very clear.

Question:

Participant: Dr Karamagi you did touch on the professional bodies and that the professional bodies are now becoming a problem in the area of accountability because they are not accountable to the public and they've become more self-serving in such a way that when there is an issue of probable malpractice the professional bodies run to protect their members.

I think there are so many issues that we can discuss around that area, for example in most African countries, I don't know how many African countries have professional bodies that do self-regulation of the practice, I think in most countries we have got the professional put the regret on bodies that regulate the practice of practitioners and there is a sort of miss-trust between the regulatory bodies and professional bodies in that some of the professional bodies act as some form of unions for the practitioners whose interest they want to protect.

Suggestion: To the leaders of the professional bodies what is it that we can do to interact better with the greater bodies, I think if we have that common understanding that we work for the best interest of the public and the professions that we sell and start collaborating better

I am speaking on behalf of Zambia there is the patient charter for the rights of the patient but when you go to the majority of the patients in the community they don't know about their rights such as that patients are not holding governments accountable, they are not holding the Institutions and practitioners accountable such that you find a lot of atrocities are committed to patients in the name of them not knowing their rights.

So probably as professional we can take a leave and take it upon ourselves. "I don't know how we can do it but we need to sensitize the public what they need to know about their rights when they seek care in our facilities."

KEY FINDINGS

1. **Issues to discuss at national-level conversation**

   – Patient organizations: shouldn't be antagonistic but collaborative. Celebrate good things as well as discuss issues with an aim to craft solutions
   – Independent regulator: Issue of independence from Ministry of Health versus adding one more regulator

2. **Countries should lead its own health systems and decision- making processes**
   – What is the global accountability mechanism for SDGs?
      • Global funding doesn't align with country issues – huge issue
      • Diverts human resource from important things
      • How can we harness funding?
      • Are we defining our own priorities? – if not, there is a need to do so
   – What is the role of country peers

3. **Role of insurance in SDG/UHC**
   – Need requirement of insurance law to get people to sign up
   – Pay based on ability and use based on need
   – Should be mandatory (either hard or soft ways)
   – Solidarity also key
   – Passing law usually not enough. What systems are in place to encourage people to contribute?
      • Ex. Kenya – simple screening when sign up for health insurance as motivation. (blood pressure test – helpful for health professionals and public)

4. **Different priorities and challenges**
   – Mutual accountability mechanism should sit here

5. **"No brain culture" – not thinking hurts results and positive reinforcement**

6. **Violence key issue – more instability = worse health outcome**
   – Should be explored and packaged differently (How?)
   – Can't move to UHC with this instability

7. **UHC critical for accountability and SDG 3**

CONCLUSION

The thematic session 1 addressed topics including the already existing accountability framework, and participants discussed ways through which health systems can be improved through accountability. At the end of the session, participants put together and adopted findings and suggestion that were presented by Honorable Amb. Dr. Richard Sezibera to the plenary session entitled "Recommendation and the Way Forward"

The presentation for Session 1 can be accessed on: https://bit.ly/2LDtwZF

SESSION 2: Engender efficient, strong and long-lasting health accountability mechanism in Africa using data, research and development

The Thematic Group Session 2 was chaired by Dr. Githinji Gitahi Chief Executive Officer, Amref Health Group and Dr. Don Goldmann, Chief Medical and Scientific Officer for the IHI, Harvard University who served respectively as resource person and Facilitator.

Theme group session 2 aimed at examining the ways data and research, development and technology can support the creation of resilient and accountable health systems in Africa and it also helped participants to explore the possibility of increasing the use of ICT in building and implementing effective and impactful data collection and reporting systems and processes, and the appropriate and transparent use of such data to ensure an accountable Health System.

INTRODUCTORY PRESENTATION ABOUT THE THEMATIC SESSION

By Dr. Githinji Gitahi, Resource Person/ Presenter

The only session attended by 2 Ministers of Health Honorable Dr. Diane Gashumba, Minister of Health, Rwanda and Honorable Dr. Sílvia Paula Valentim Lutucuta, Minister of Health, Angola.

Dr. Githinji Gitahi started with introducing himself as a resource person and Dr. Don Goldman as a facilitator and acknowledged the presence of two Honorable Ministers of Health from Rwanda and Angola.

Key points from the presentation

- We want to change the health systems.
- We cannot discuss accountability without the role of people.
- The accountability is a wide topic that can be grouped into financial, performance, democratic accountability and we can add moral accountability One of the challenges to be discussed is how to measure and how do you account for moral accountability.
- The enablers for accountability are on two sides: the health system and its users. So you have to look at accountability from both sides
    - Health system being hold accountable for the service provision, access and quality, patient rights and expenditures.
    - On the users' side, they are responsible for lifestyle, health seeking behavior, health insurance, civil registration and vital statistics
- The key enablers of accountability are stewardship, information, technology, individuals, rights, governance, systems, financing, sanctions/ incentives.
- Answerability, both side, health systems and user

1. **Stewardship**

The key issue of stewardship which is governance is really a big element of accountability. A political good will i-e a political statement is crucial but not enough to put in place a succeeded stewardship. The political goodwill does not deliver accountability, it only delivers the first step but everything else can go wrong after that.

Two countries can declare a political statement to set for example the Universal Health Coverage (UHC). In one country with a political good will, the government will set a follow up mechanism with commitment leading to the establishment of a policy framework, implementation plan and procurement plan. These will be accompanying by an effective accountability mechanism. In the other country also with the declaration of a political good will but where there is no accountability, where the policy, the implementation, the procurement plans and everything else does not follow.

The stewardship should start with a political statement, and that statement must be supported by a strong follow up mechanism with commitment aligning objectives with implementation and monitoring.

2. **Information and Technology**

It is difficult to speak about data because data are point variables until they can be interpreted and shared and makes sense and speaks to you then you cannot have accountability. Contrariwise, it is easier to talk about information and technology as others accountability enablers. Technology can enable accountability where you can have public facing dash boards and exactly know what is going on so we can open data where governments are supposed to provide the performance.

The example of Malaysia where the president set a public weekly dashboard for Ministers performance, a good exemple of accountability called unit "Pemandu" (delivery unit) to track specific data that is made public every week then everyone can see what is happening.

3. **Individuals and their rights**

This is a huge area of accountability because once you commit to accountability then the recipients of your service must also be part of that accountability, when you don't deliver what they expect then they question you. The biggest challenge in African health care is the fact that we tell the public that we are giving them free health care.

There is no such thing as FREE HEALTH CARE. If it is free you cannot complaint. But if user pay, and health care is bad, user can complain and be accountable.

– Advocacy for realization that citizens are paying for their health care through taxes is vital. Users (Citizens) are paying for it and are entitled to hold their system accountable.

"There is no free health care, there is only health care which is either individually financed through out of pocket or financed publicly through taxes and that is the critical root to accountability, that the citizens must realize that government is not giving them a gift when they set up health systems, they are actually using their resources to give them health care and therefore the citizens must understand that so that they can demand accountability." - Dr. Githinji Gitahi

Health is a human right. In the hospitals they put patients' bill of rights but do the staff understand actually that it is an obligation, it is not a privilege so they have to be accountable to the rights of the patient. Sometimes countries put focus on material not on people right. While in Rwanda in 2008 universal health system was set as obligation, other countries targeted as mandatory the insurance for motorbikes, car and not for people.

4. **Sanctions verses incentive**

In a lot of places where we work, accountability is used for performance management so if your data is bad, let's say you are in a district hospital and your immunization coverage is very low, what happens when you go to the regular monthly meeting, you are told you are performing very badly and they are going to remove you from that district and there are sanctions that you cannot continue to perform like this.

It will be good to move away from sanctions based accountability to learning based accountably then the people will stop hiding data.

5. **DATA**

The problem is not always about big data because a lot of the data in the health sector (even in district health information system) are presented as graphs, dash boards, percentages, incidences but there is not enough disaggregation. The data must be broken down and say the name of the patient and get down to the individual to understand the management of individual case. Lot of negligence is hidden. Recent news reveals cases where professional has done brain surgery on the wrong patient, leave tools in the abdomen, leg amputation on the wrong patient and vasectomy on the wrong patient even in US.

As is Every Life Matters then we have to break down data so that we understand those who suffer injustice of poor accountability and what we do about them. Where do find another place where we can find patient complaints that necessarily increase the cost of care?

"It is important to move to the Quasi-judicial process. Example: HIV AIDS tribunal, to ensure HIVAIDS patients' rights, to enforce non-discriminatory law for them."

How do we manage complaint to improve systems instead of making them more expensive as is the case in the USA?

Data related accountability. How?

– For the health systems, Health data,

- Role of private sector? Private sector needs to be mandated and finally we need to think about wide spread adoption. data from private sector must to be taken into account in the Health Management information system(HMIS). Need to be open sourced. How do we get private sector to more inclusively coordinate and share data? DHIS?
- Paper based vs technology. How we incorporate innovation and mobile solutions?
- Customized HMIS – Compatibility challenges
- Research

– For users,

- Take into account information charts, surveys and Household data by CHWs, mobile technology

"It is our collective heart that beats within each of us that makes the difference in holding the system we live in accountable. Of course if you are going to have accountability you need way to measure data and we become a little bit obsessed with data but without data its rally hard to know whether the system is performing according to what we want and need. Usually when I see data displayed as in the form of dash board …you are taking important elements of data those elements that are important to individual or communities or segments of the population and putting in the form that could be digested in 10 minutes at a big meeting, so I will just point that as a danger I don't have a resolution for that except that it obscures the reality in which people live." - Dr. Don Goldman

CHALLENGES OF DATA

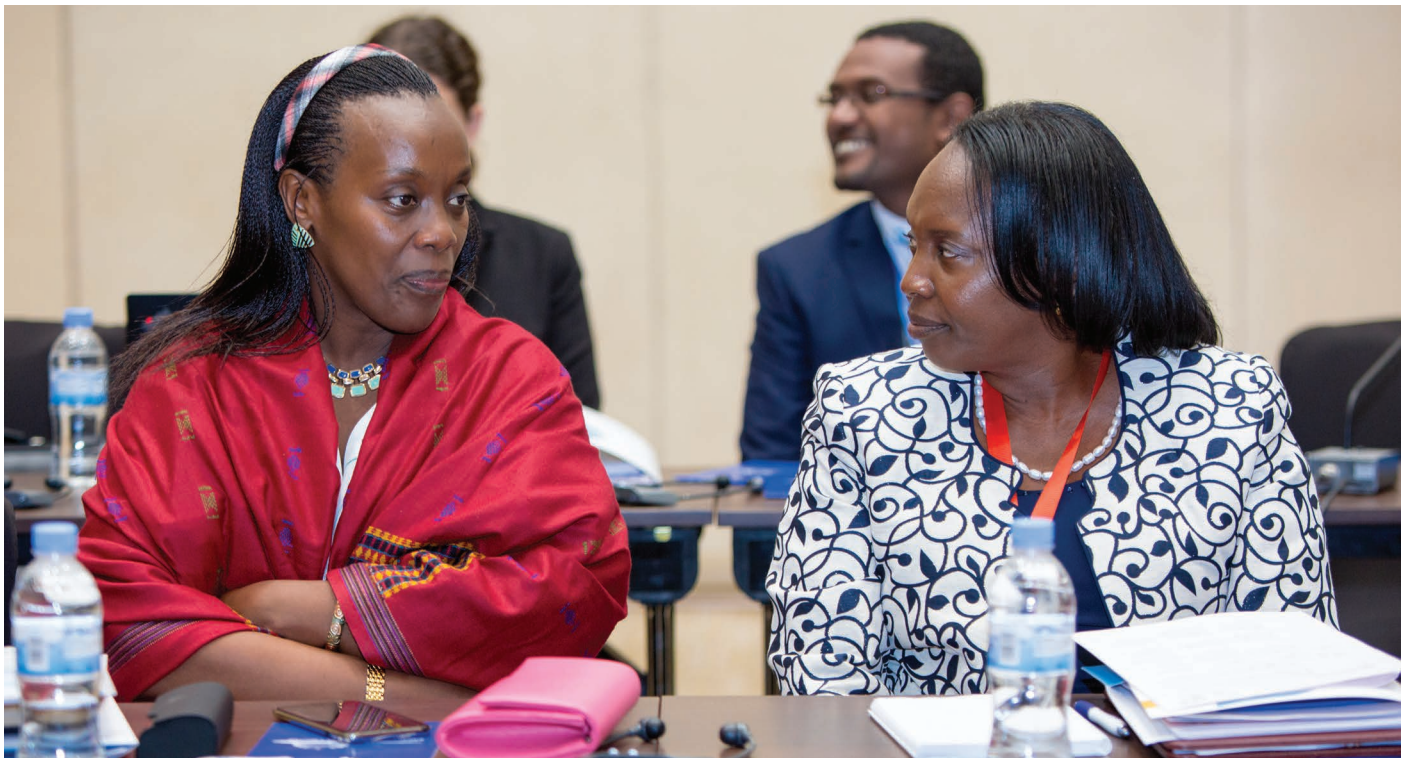
1. Incomplete data, how can we involve the private sector?
2. Limited access and usability - how can citizen get involved?
3. Incentives? No feedback not good payoff
4. Under and inefficient investment- vertical priorities by donors. Data in many countries is actually vertical; you cannot get cross-wide data.

5. Governance
6. Data reliability in conflict and emergency

ISSUE TO DEBATE

1. Tensions between data for performance assessment and data for learning- self reporting?
2. Role of citizen and the media- bill of right, giving citizen intelligent voice
3. Public interest litigation-quasi judicial bodies to remove ambulance chaser
4. Health and social determinant- attribution vs contribution, attribution of data, bad health is not only for a failure of health facility, but maybe bad road, limited education
5. Role of civil society- accountability to funders or accountable to users (citizens)? Systems are accountable to whom? Beneficiaries? Government? donors?
6. How can we engage and activate people, patients, community and public health workers, the healthcare workforce, and other stakeholders to provide and use data, with the goal of holding the health and healthcare system accountable?
7. Moral accountability- How do we measure that?

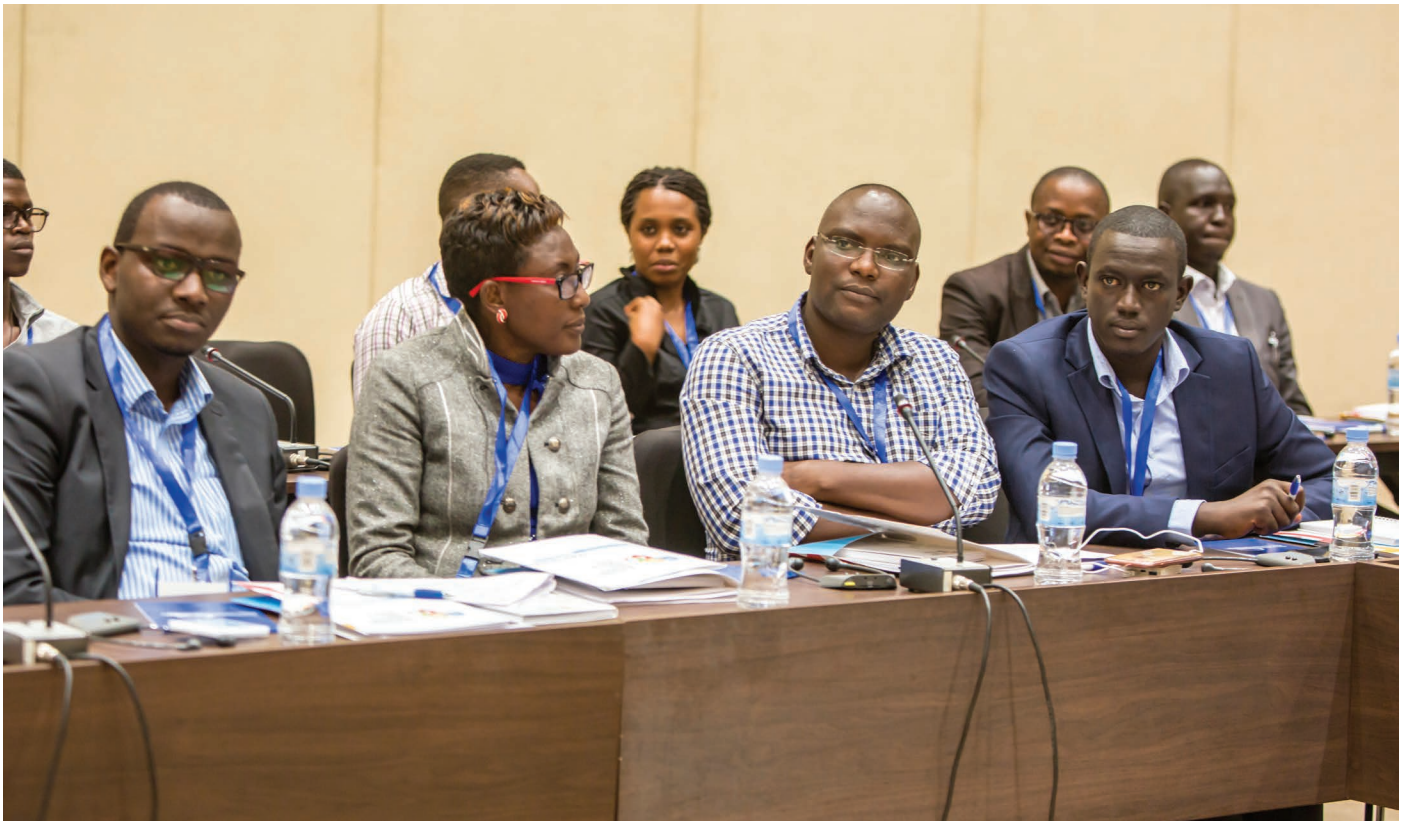
DISCUSSION AND PARTICIPANTS VIEW



Dr. Jean Jacob (UNEP): When we take the health system it should be broader…because there are factors that influence health profile. If we focus on health system as side we will continue spending a lot of money expertise and resources on it without very reliable result if we don't check to see what are the other factors which make health system what it is. The second observation is about data collection there is a system of collecting data monthly, quarterly and yearly, The problem is that someone needs to sit down and analyze them. Data is there because people are supposed to present regular reporting and those report should highlight some data; the achievement and so on and so forth and what interests national authorities is data which is analyzed and we need to see how we can use the regular functioning of our administration, regular reporting, analyze them and making them interesting to national authorities.

Dr. Don Goldman (facilitator) responded: So we can use the logic model that takes the system approach and it specifically shows those factors in the external and internal environment that are likely to influence how that system operates and you are absolutely right that if you take SDGs one by one then you totally miss the dynamic interplay among them and that absolutely has to be part of your system approach so that's really important. The second point you made was about data and I would push back a little because I would see bad data quality because the people have not been trained to record the data but the more important point is can they interpret the data and that's where improved science which has very simple rules that you can literally read of the card tells you how to improve that data. People ought to be able understand their own data and to explain them properly not just record it like machines.

Participant from Kenya: When we talk about public face dashboard, we sometimes need to be careful that the public needs to be educated to understand that data. I don't want to be patronizing to the public but the common complaints that they are getting in the hospital is not about clinical care and data has shown that when we tend to over focus on the patients complaints and make that central then hospitals can game it to attract more patient they focus on those issues at the expense of clinical outcomes. Manipulating data can be intentional and unintentional. I give an example we keep assuming that for SDGs, the whole of Africa is one homogenous country but we are different but even within a country we are different. In Kenya the central province of Kenya culturally they bring people to the hospital to die. At the coastal area they take people home to die. So if you take mortality data hospitals in the coastal areas will have lower mortality and therefore perceive to better hospitals. Not necessarily so the cultural context as well needs to be taken into the system and it would be good if people collect data but at the same time understand what it is for.



Dr. Don Goldaman (facilitator): Let's think about how we would use the data that is standardized portable for accountability assurance so because that is the question here, there are a lot of interesting innovations in India. The idea was that most poor people don't have identification. Actually in the United States a lot of people cannot vote because they did not have proper identification. So the innovation was to somehow mark the patient in a simple way so that they will always be identified and what are the unintended consequences of people being marked in some way so that you can find them and identify

them. So whenever we have a solution I would ask you think about the unintended consequences, it's really important that technology can address but with a lot of privacy issues and so on and so forth.

Participant/Mary SDGC/A asked: We hoped to sensitize the patients on how to use judicial, it's like we are fearing a lot of the litigation that will come out of health services. So if we have that perception then are we really going to sensitize our citizens about their rights in the health systems to go for their rights anyway?

Githinji Gitahi : In health industry you ought need to look at the color that high moral ability and integrity are necessary. The issue of judicial system we talk about actually, the need to inform their citizens in fact we call them the individuals, so the issue to move the individual to active citizens and to litigate when they don't get.

Participant from Angola: Example of Cuba.

Payment for health care is a valid debate that we need to have. Angola has set a constitutional right for health and the government until today takes care of health care and we need to debate payment for health care, by taking into consideration political system. Cuba has a centralized political system and Japan has a very high GDP than any other African country. How can we ensure users are able to pay, taking into consideration purchasing power parity?

Participant from Uganda: What is the point of collecting data, without retrieval?

We need system that generate decision making data Centralized system with patient information, that can be tracked everywhere, that can be accessed anywhere to track patient history.

Mourice, Primary Care, Pola cast, United Kingdom: There are system that exist that can track patient history, from different sources. Within that system the national big one, there are subsystems, each patient has a record and all different doctor from different geographic part or different specialties can track patients' information. We also work in prison, to redesign system.

How can we capitalize of good examples to be scaled up that come from remote areas that are forgotten? We need to democratize geographically? We need to value bottom up knowledge and considering this as an asset.

"There is a problem in countries that report to donors. That citizen cannot hold them account able because they only care to report to their donors." - Mourice

"We need to understand the health sector as pertaining to a bigger ecosystem, there is synergies between the economy, education, agriculture, nutrition and so."

Pharmacist, Rwanda alliance

We are talking about data, we need to understand what type of system work and which ones don't. Qualitative data are not standardized, just tells a story. We need to know more about the failure stories!

Participant: When we talk about accountability we need to focus on how we use the tool for monitoring and evaluation, for external monitoring for impact. This solve certain wrong incentive of same institution measuring performance indicator that benefit them, it improves transparency of the evaluation. Government should not be afraid of M&E but need to regard it as a learning tool. We need to learn from mistakes.

Participant: There area data burden for CHW. MDG failed in Africa because some countries are looking to target that are not localized. In order to have accountability of quality data, there is a need to trained and transfer knowledge to people in the field that collect data and created awareness to them of SDGs, and rights of patients.

Participant: How can we take the data to lower level? Case of woman looking for 8 h to a cesarean. We can have GIS system, this is not rocket science. We need to interpret data for lower data, that is what young people should focus on. How to interpret this data to the poor, to the rural, to the consumers. Matching services with needs.

Dr. Githinji Gitahi:

- Moral responsibility is not only about the clinical evidence. The most integral and morally responsible service is nursing. We need a holistic approach.
- Judicial issue, we need to move the individuals to move into active citizens. You must inform the patient and create a mechanism for it. HIV/AIDS tribunal binds the judicial systems.
- How can we create system and cultures that help the minorities to solve their issues in better attention?

KEY FINDINGS

1. **Delivery of data with human sentiment-social accountability**
2. **Capacity for useful research data interpretation and inadequacy of our health workers training**
3. **Qualitative data**
   – We need a valid way to measure; we need data, that measures system performance. Presented in a simple, concise manner that can be understood by all stakeholders, user, and policy makers.
   – We need a better narrative. We need to invest in this. We need a story.
4. **What do we need to measure? Data need to be localized? Measure can't be always dictated from above. We need to ask patients.**
5. **If a measurement is well constructed in not only a performance measure but an improvement metric.**
6. **Data need to be properly disseminated. For everyone, with no hard-technical level. And accessible to all.**
7. **Research development and technology, we need to embed data collection in routine work.**
8. **Use of real time data collection and lead to focus areas to improve care.**
9. **Understanding the need of the community, like a private enterprise will do, lets don't burn CHWs**
10. **Let's focus on strategic topics that have been shown to be impactful and that come from the bottom up.**

RECOMMENDATIONS

- Health is Not business as usual
- Shift from vertical reporting to common platform- DHIS

- Civil society to empower user and to aggregate user voices, we need to establish quasi- judicial (exe: HIVAIDS tribunal)
- Data for learning NOT for sanctions
- Mandate private sector through regulators
- Emphasize importance of census data
- Bridge the gap- implement community health strategy
- Leverage technology BUT watch romanticism, bottom up and offline first

CONCLUSIONS

The thematic session 2 addressed topics on how Data and ICT alter health accountability, and participants discussed about effective data collection, its utilization with the support of emerging technologies. At the end of the session, participants put together and adopted findings and suggestion that were presented by Dr. Githinji Gitahi to the plenary session entitled “Recommendation and the Way Forward”.

The presentation for Session 2 can be accessed on: https://bit.ly/2seIugh

SESSION 3: Establishing appropriate solutions and other accountability mechanisms to ensure proper functioning of health-care system in Africa

The Thematic Group Session 3 was chaired by Dr. Olushayo Olu, Resident Representative, WHO Rwanda and Dr. Fletcher Tembo, Director for the Making All Voices Count Programme who served respectively as resource person and Facilitator.

Theme 3 took a broader look at the role of enforcement mechanisms such as regulatory and operating policies and procedures, functional patient complaint systems, the setup of sanctions, rewards and learning within the healthcare accountability system. The discussion examined the optimal legal and policy framework governing an accountable healthcare system, the judicial and administrative systems of enforcement and the "softer" approaches that can be effective solutions for change, such as citizen activists, and negative media exposure.

The goal of Theme 3 was to identify solutions, strategies and recommendations to drive enforcement and accountability that can be recommended to the countries across Africa to ensure proper functioning of the healthcare system. a consensus was reached on the identification of a set of laws, regulations, policies, practices, incentives and enforcement mechanisms that may be recommended to governments.

INTRODUCTORY PRESENTATION ABOUT THE THEMATIC SESSION

By Dr. Olu Olushayo, Resource Person/ Presenter

Dr. Olu Olushayo started with introducing himself as a resource person and Dr. Flethcer as a facilitator and acknowledged the presence of participants in their capacity to have picked interest in the session.

In his introductory presentation, he touched on the factors of health accountability, tools of accountability , laws and regulation and strategies to be put in effect to ensure robust accountable health systems. He also laid the foundation for discussion where by participants were urged to debate, discuss and suggest their own solutions to the matter.

Key points from the presentation

1) **Health accountability defintions:**
   - Being answerable for one's responsibilities, actions or inactions
   - Obligation to provide information about, or justify one's actions
   - Relationship between 2 parties (right holders & duty bearers)
   - Expectation to explain, justify & defend one's action

2) **Health accountability tools:**
   - Two-way communication between right holders & duty bearers
   - Both carrot & stick approach
   - Transparency
   - Agreed standards, benchmarks for measurement, monitoring & evaluation
   - Mechanisms for enforcement
   - Measure, evaluate & monitor

3) **Types of accountability:**
   - Government, i.e. political . This is focuses on ensuring that government meets it health obligations & deliver public health goods
   - Health resources, i.e. judicious use of health resources (finance, Medical products & equipment, human resources, Health infrastructure, time)
   - Professional, i.e. this focuses on demonstration of professional competence & ethics,

Performance, i.e. meeting agreed work performance targets

4) **Goals and objectives of health accountability:**

- Goals: save lives, prevent suffering & achieve SDGs
- Objectives: Improve access to health, outcomes, cost and effectiveness, patient safety & protection, client satisfaction

5) **Levels of Accountability:**

- Consumers of healthcare (community, family & individual)
- Health care workers (dignity & confidentiality, Professional competence & performance, Professional rather than economic considerations)
- Health care institutions (public & private)- Access quality & timeliness of services
- National government/Ministries of health (Service provision, Enforcement of international & national regulations, Oversight)

6) **Factors that Influence accountability:**

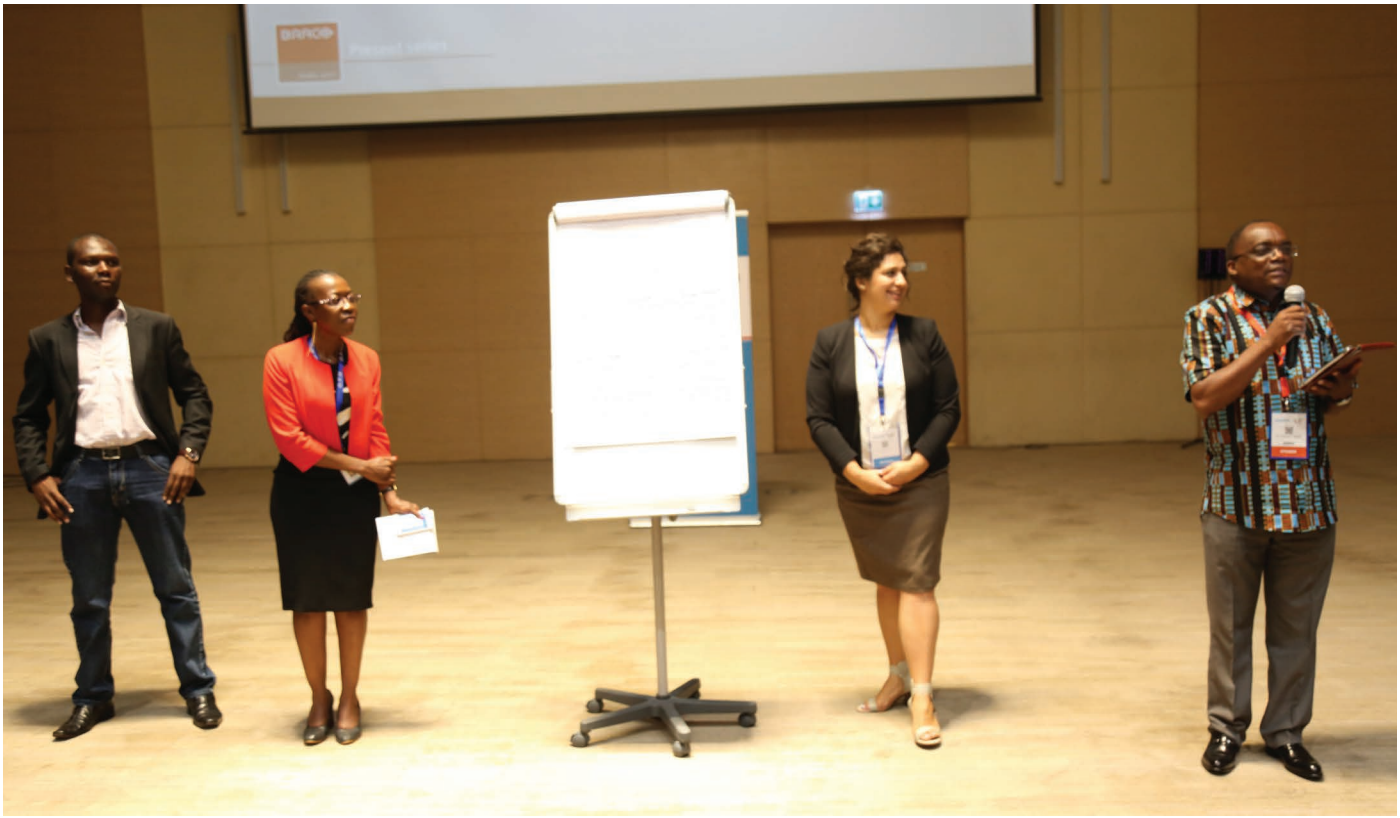
- Inequity in power dynamics between the different levels of health accountability
- Lack of awareness of rights holders
- Authority or influence of duty bearers on right holders
- Gaps in institutional capacity and resources
- Divergence of interest between duty bearers and right holders
- Difficulty in monitoring performance (objective/subjective)

7) **Strategies for Effective Health Accountability in Africa:**

- An enabling environment for right holders & duty bearers
- Definition of clear purposes & responsibilities for health accountability
- Availability of the required regulations, law and the systems required to enforce & monitor them
- Availability of required resources
- Political commitment, good governance & leadership
- Involvement of citizens (Community mobilization awareness and participation, Understanding and building on sociocultural and religious barriers and enablers, Public reporting approach: Public opinion polls, community meetings and reporting, national dialogue, Citizen governance approach)
- Training of duty bearers
- Fostering partnership
- Encourage compliance through incentives & assurance of workers' rights (rewards, awards, conducive work environment, insurance, PBM, & remuneration etc.)
- Legal approach document: building a documenting, regulatory and oversight systems

8) **Reflections and conclusion:**

- The various levels of health accountability are interconnected; so action at one level may affect the next level.
- Need to identify which type of action & at what level would result in the greatest impact
- Health accountability is a 2-way traffic involving duty bearers as well as right holders
- Solution to accountability mechanism should be context specific
- It requires an enabling environment: Good political leadership & governance, appropriate resources awareness, equity in the power dynamics between duty bearers & right holders; care must be taken that health accountability enforcement initiatives do not result in negative effects)



SUMMARY OF GROUP DISCUSSION AND KEY FINDINGS

Question – 1

1a. What lessons should we learn from the exciting accountability enforcement mechanisms in your countries to ensure proper function of a healthcare system and provide healthcare quality across Africa. What are the best practices of accountability enforcement mechanism in your countries?

- Having community level engagement and participation in the national plan through different avenues (face to face interactions, radio, social media)
- Performance review of institutions by using targets set out by the government
- Training health care professionals on intrinsic values of the profession, i.e. training in ethics.

- Performance based financing at the institution level and health care professionals
- Building partnerships amongst different institutions and having peer to peer accountability
- Reviewing the system that is in place for entrance to medical school, adding an interview process as part of the acceptance to the program
- Capacity building of patients on their rights to health and representing their voice in the evaluation of the health care professionals,
- Educating patients on their responsibility as patients to hold medical professionals accountable
- Different boards set up for different medical professionals
- Peers reporting for poor or negligent practices
- Adding health care as part of the constitution
- Stronger institutions such as civil society that help reinforce rules
- A well-resourced decentralization of the accountability of healthcare center

1b. Why might laws and regulations not be enforced?

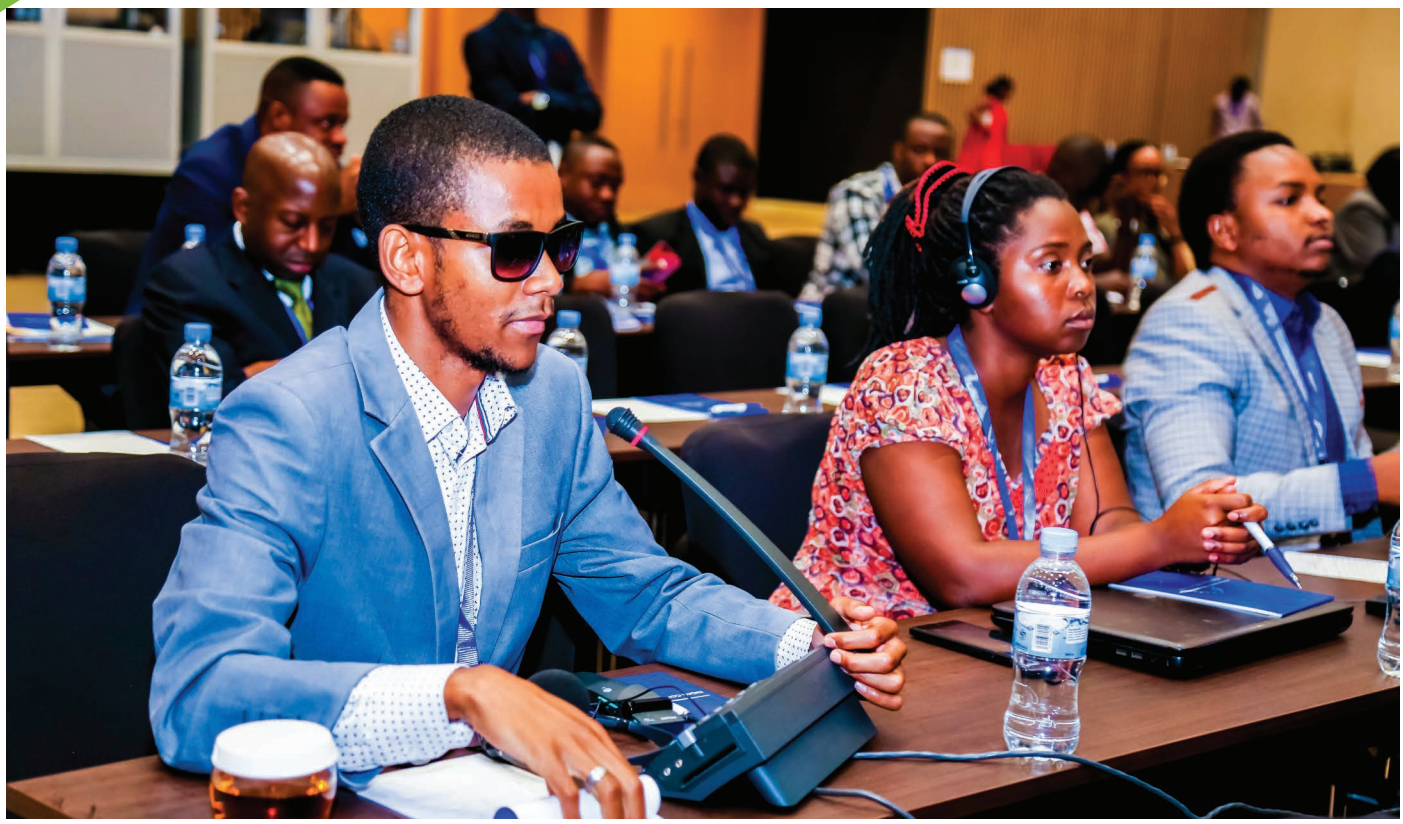
- Policies in place for punitive measures may not be effective
- Lack of interface at the local level
- The accountability approach has been set up as a top to bottom approach, the government could resisting decentralization
- Decentralized financial decision making while central government dictates programming
- The education system, individuals go into the profession for financial incentives and not out of interest or passion, therefore they don't believe in the intrinsic values of the profession
- Private sectors are not involved with the community
- The laws set out for different healthcare professions are not integrated and it is difficult to reinforce
- Resources are not in place for accountability services, HR, skill gaps of professionals, leadership
- There is no political accountability
- Individuals may not know what good health care services looks like

1c. How can we maintain or strengthen the enforcement of existing laws, regulations and enforcement mechanisms or create new ones?

- Peer to peer collaboration programs need to be strengthened
- Improve the indicator for performance evaluation at institution level, looking at quality of service provided instead of quantity
- Improve the existing quality of services provide by having professionals be part of the indicators of performance and regular use of standards of service provided
- Improve quality assurance practices
- Strengthen the board of corruption
- Increase the salaries and skills of health care professionals

1d. Which mechanism of incentives should we deploy to ensure effectiveness of healthcare providers across the healthcare systems?

- Positive reinforcement by reward and promotion
- Insurance for health care professionals to be protected from liability
- Career development incentives for professionals



Question – 2

2a. What are the accountability roles and responsibilities of the actors in the accountability system?

- Establish leadership
- Put laws, policies and regulations in place
- Promote dialogue between right holders and bearers
- Impart knowledge and evidence
- Gatekeep & adhere to the needs and rights of humans
- Add value to government
- Ensure that citizens are a part of a more qualitative feedback mechanism
- Empower media to recall everyone's responsibilities and make everyone aware
- Professional associations should invest in regulatory practices, guidelines and frameworks

2b. How do all the actors come into play?

- Involved in all phases of the accountability making process

2c. How should we build capacities of the healthcare professional councils and association to amplify their role - holding the healthcare providers accountable?

- The agenda of the capacity builders has to be apolitical and in the interest of civilians
- Technical experts can build the capacity of healthcare professional councils by supporting
    - o Human resource capacity
    - o Financing (government subsidies or citizen financed medical insurance system that involves everyone to care for society - inclusiveness)
    - o Management of capacity (implementation, planning that involves all stakeholders)
    - o Leadership in governance capacity
    - o M&E

o Fair political participation and enforcement
o Standards & processes in clear guidelines
o Mechanism for community engagement
o Provide formulation for enforcement at law and order

2d. Which new approach should they use?

- Build community engagement
- Create a communication framework
- Creating linkages between actors to produce fruit dialogue and share knowledge

2e. How can citizens be effectively involved in healthcare improvement through societal accountability?

- They should participate in social planning and evaluation
- They should provide feedback mechanisms
- Build their own awareness on what information to require
- Become informed on their rights
- Establish committee members that represent citizen voices
- Establish a focal point person from the healthcare system
- Create a formal patient group that advocates for patients' , i.e. chronically ill patients

Question3:

What can you suggest as a common and broader package of laws, regulations, policies, practices, incentives and enforcement mechanisms that have been proven and can be recommended to the countries across Africa?

Package of laws

1. Laws that provide right to Heath
2. Laws that enforce good and strong cooperate governance that ensure transparency, and accountability in all process at all levels
3. Laws that provide/cover health insurance for all citizens
4. Laws on joint ventures e.g. private sector and public-sector mix
5. Laws that provide access to health care

Regulations

1. Regulations that govern professional accountability through establishment of regulatory bodies
2. Regulations on professional conducts in health sector

Policies

1. Policies on health promotion
2. Policies on universal health coverage
3. Policies that encourage and involve communities in their health care

Practices

1. Establish protocols on health care

2. Set goals and standards
3. Capacity building
4. Come up with standards of practices

Incentives

1. Performance based contracts
2. Adequate remuneration according to performance and competence

Question 4:

It is absolutely important to value each life in the new Africa. How do we work on change mindset? How can we raise the level of awareness of the public in Africa about human rights and obligations related to health in order to make every life a life that matters?

Change mindset

1. We need to adhere to principles of good cooperative governance i.e. accountability, equity, transparency and inclusiveness
2. Through Education
3. We need to identify our challenges
4. Citizen ownership of health care
5. Increase public awareness on human right
6. Embrace technologies
7. Reduce dependence from international aids

CONCLUSION

The thematic session 3 addressed points such as laws, regulations and incentives that can be recommended to countries to improve their health accountability systems, awareness of the public about human rights and obligation regarding health in order to hold their governments accountable but most importantly to make every life matters.

At the end of the session, participants put together and adopted findings and suggestion that were presented by Dr. Olu Olushayo to the plenary session entitled “Recommendation and the Way Forward”.

The presentation for Session 3 can be accessed on: https://bit.ly/2Jdh6Jn

VI. PLENARY: RECOMMENDATION AND THE WAY FORWARD

This session has been moderate by Professor Philip Cotton, Vice Chancellor, and University of Rwanda

The panelists are:

- **Prof. Jeanine Condo, Director General, Rwanda Biomedical Center**
- **Dr. Takao Toda, Vice President for Human Security and Global Health, JICA**
- **Honorable Saffie Lowe Ceesay, Minister of Health and Social Welfare, Gambia**
- **Dr. Belay Begashaw, Director General, SDGC/A**

The Objectives of the session: Discuss on recommendations from each thematic session, discuss with panelist the key issues and the perspectives related to health accountability and determine the way forward of the heath conference.

Those who lead the thematic session will present the outcome of the thematic discussion. The audience also will be involved in the discussion.

SUMMARY OF THE PRESENTATION OF EACH THEMATIC SESSION REPRESENTATIVE

Thematic Session I: What are the possible core elements of an effective accountability mechanism?

The group discussed the fundamental needs to enable accountability both in health sector and beyond the health sector that are critical for an effective accountability mechanism.

Table 1: Summary of Thematic Session 1 Presentation

Issue	Description
General Consensus Reached	The accountability should be simple, homemade and country owned, no complexity, clear Standard Operational Procedures (SoPs) for accountability and checklist, clear decision lines of responsibility and most importantly attention to details as a culture. There is a lot of lesson that the health sector can learn from other sector who have developed a culture of accountability to attention to details sectors. There is a need to fight corruption, ethnicity consideration and political stability, good will and support, democracy and participatory culture, appropriate leadership skills, democracy and appropriate credit culture.
Cross Cutting Issues	There is a number of issues that are **cross cutting issue that are critical to accountability across all sectors:** There are data, good usability data and involvement of citizens. These are the fundamentals for accountability
Accountability to Whom?	**Accountability to broader body politics including decision makers.** This includes national level institutions of accountability which do exist in all countries. These include the public accounts committee of the parliament, national human right commissions, ombudsmen etc. **Accountability to Technocrats and Administrators:** follow SWAPs (sector wide approaches). Technocrats – need to focus on results and not rely on inputs, emphasis on system.

	Using data and accountability for positive reinforcement not blame game. Institutionalization of accreditation. **Accountability to peers within the sector,** to professional associations and members. How responsive are they to the public, own members and the system? - Partnership of regulatory bodies and professional associations. - Determining good relationship b/n regulatory bodies and professional associations. - Ethics needed and focus ethics on people not on disease and build peer network. Finally accountability to Citizens and the public. Slogan "All you do for me without me is against me". - Participating citizens in UHC and understanding health and health professions need to understand people and active involvement of citizens and civil society.
General Remarks	- There is general consensus that UHC is critical for SDG 3 and for accountability mechanism for SDG3. - There should be country focus, need to be national workshop for different countries. - Need for an examination of global accountability mechanisms to deliver on SDGs and SDG3. - Examine the role of super national bodies i.e regional economic communities, AU, WHO Africa etc.

Thematic Session II: Looking accountability from data and research perspective and people point of view

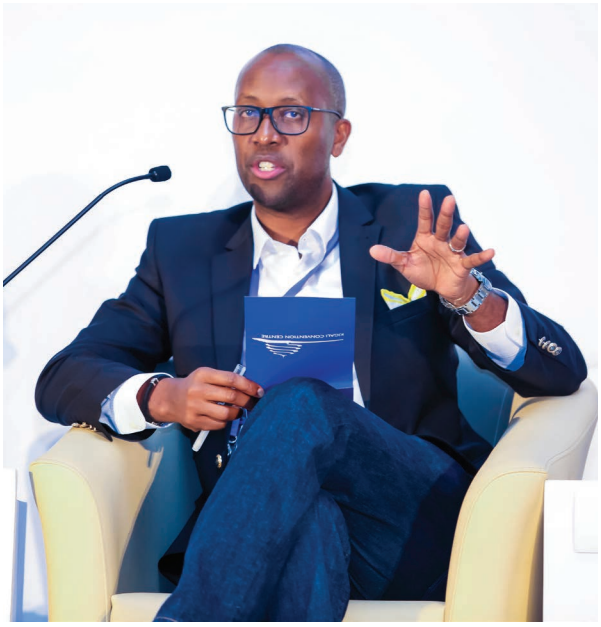
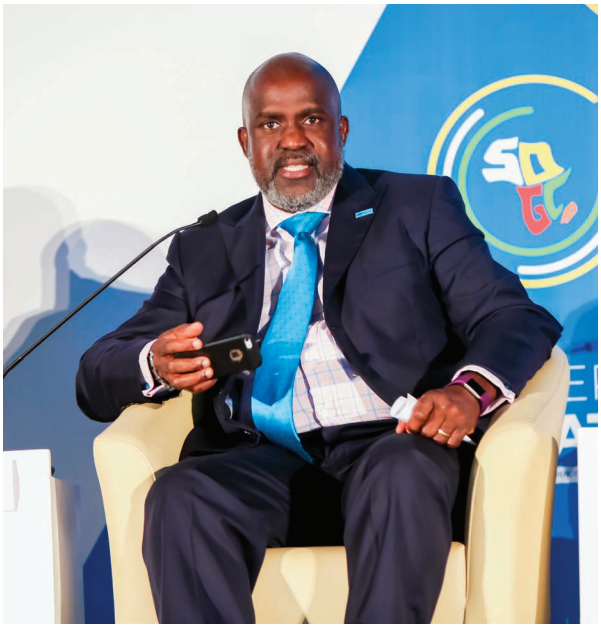


Table 2: Summary of Thematic Session II Presentation

Issue	Description
Philosophy of discussion	**The philosophy for democratization stats from people.** **Motto "Nothing for us without us."** The group spent a lot at micro level as every other thing will be alright. If you start form macro-data you will have a problem. Philosophy of discussion is inverted three starting from the bottom and building up.
Data and Systems	- Disaggregation of data collected from the bottom up approach - Important to **adopt uniform system**. General consensus is to a adopt DHIS2 as a common and build M & E system for SDG3. - Move away from paper based toward to technology based. - **Importance of bottom up approach feedback** as a part of system accountability. - **Importance of other sectors:** Do not limit collection data on health but include data on other socio economic sector like water and sanitation, education etc. - **Importance of qualitative data:** Collection of qualitative data by doing focus group discussion or other means - **Importance of technology:** De-romantisize technology. Build bottomed up off-line first and then online. Work with the community before you introduce technology. - **Role of the government:** to create policy and regulatory framework that allows the absorption of E-Systems.
The Role of the Youth	**The youth are the powerhouse for Africa where 75% of population is young.** This needs to start to influence employment policy and take strategic and deliberate decisions that bring youth at the bottom in to community health work and enhancing technology.
Engaging and activat-ing-informed citizens-	The role of awareness so that people can understand the bill of rights. The need to introduce a complaint room supported by ethic office.
Need to have an enabling judicial system	The need for quasi- judicial system including tribunal, human right com-mission to hear people complaints.

Work force capability:	The need for the work force to understand data analysis. As they give feed back to the community and local leaders there must be common framework with narratives out of the data.
System review	Systems to create frequency of review and this should a part of the general system

Thematic Session III: Appropriate solutions to enhance Accountability



The three key issues covered

1. Health accountability is a governance and political commitment issue
2. It is a two way traffic. It is not about the health worker alone.
3. It is not about stick and enforcement it is also about carrot –creating incentive

Finding-Five thematic areas

1. **Ensure the human right, protection and access to health**
   - Right of individuals, communities and families to health
   - Establishment of Patient charter
   - Protection of individuals for repercussions of health accountability.
   - Protection of health workers.

2. **Strengthening capacity for health accountability**
   - Create awareness at community level
   - Implement patient charters
   - Training health workers on ethics, professions and accountability.
   - Strength the health institutions
   - Strength the capacity of health councils.
   - Review system for selecting medical/nurse selection

3. **Strengthening incentives systems for enhanced health accountability**
   - Structured career development path for health professionals
   - Establish/ strength performance based remarks
   - Establish training opportunities
   - Conductive work environment
   - Insurance to protect health workers.

4. **Need for innovations and new approaches accountability**
   - Community engagement
   - Build communication network
   - Linkage between the various actors to facilitate dialogue
   - Establish a hitch free mechanism for feedback
   - Support medical insurance
   - Strength the private sector
   - Use new innovation such as digital health for health accountability
   - Peer to peer accountability

5. **Strength the legal framework for health accountability**
   - Political independence of health councils-independent financing
   - Differentiations between heath councils and medical associations.
   - Separation of medical insurance and health service providers.
   - Private sector involvement and regulation.

This is the right time and this is the right forum and the outcome of the conference should be scaled up for political commitment and support.

Discussion Points (questions from moderator and summary of discussion points)

Reflections/Feedback from Panelists

Dr. Takao Toda, Vice President for Human Security and Global Health, JICA

– **Mechanism:** UHC is not only SDG3. Although UHC is categorized in SDG 3.8, UHC is very important in nation building.

"Focuses should be on people. But people are not an entity to be involved at some stage or process. People should be there from the beginning and that is my preference." - Dr. Toda

– **Data:** We need to start at micro level but we need the right mechanism at macro level. UHC is not specifically health issue. If we look at the only sector we will mislead the public and government. We need human centered approach in the context of data. But we need also human centered data on dignity and satisfaction of patients.

– **Governance and human right issue.** We have to be very careful to say it is human right issue. Yes it is a human right issue but we have to also consider the internal return of investment which is a carrot for the private investors in health sector.

– **Involvement of the private sector.** The private sector should be there from the beginning but if we involve them at the second or third stage in the health system we will fail but this should not happen.

"The community should be a part of the system feeling the ownership. We should not sit at the center and decide for community. The decision should come from the community." - Professor Jeanine Condo

Professor Jeanine Condo, Director General, Rwanda Biomedical Center

– **From the prospective of the government.** We concur with the accountable system involving citizens. From our experience we would like to include leadership and ownership. COSA- a platform for where by the community and the head of the health center sit together and

decide the priority for themselves. Decision is made by the community. Key way traffic is important for success and having good accountability system.

- **Peer:** Who do we call peer? What is peer? What is the responsibility of interregional peer role? This is translated to be accountable citizen.

Media: "We tend to forget media in translating and feedback to the community and bridging the gap b/n community and government and vice versa."

Honorable Manthabiseng Phohleli, Deputy Minister of Health, Lesotho

- **Health management:** In Lesotho in health sector it is realized that when you bring a doctor to become a manager he / she tends to focus on his area of expertise and it is better to bring somebody neutral. We have been trying to harmonize the sector by bringing people who have both skill and experience from technical and administrative point of view. This is working in Lesotho. The health should not be the responsibility of health care professionals alone and ministry of health.

Commitment: "We also learned that accountability goes with good governance. If people are not committed you will not have direction even if you have good governance."

Dr. Belay Begashaw, Director General, SDGC/A

- **Contextualization and standards:** The second thing is tradeoff between homemade solutions and standard that we have to meet. This is another issue that we have to reflect on.
- **Political commitment and UHC:** UHC is national building and something doable but requires political commitment. Without political commitment it will be difficult to achieve UHC.

Accountability and self-satisfaction: "There is one thing missed in this discussion and that is the role of self-satisfaction, the new mindset that we are aspiring and how to capture the issues. This cannot be captured with system that is put in place unless we do it with some moral imperative and self-censorship." - Dr. Begashaw

Question from Participants:

1. The study conducted in 7 countries showed that the heath component of SDG3 integration is weak. The study showed we need to work across sectors. What tool we should be put in place to facilitate this mind set of working across sectors? What is SDGC/A doing to support African countries with new ways of working and mind set?

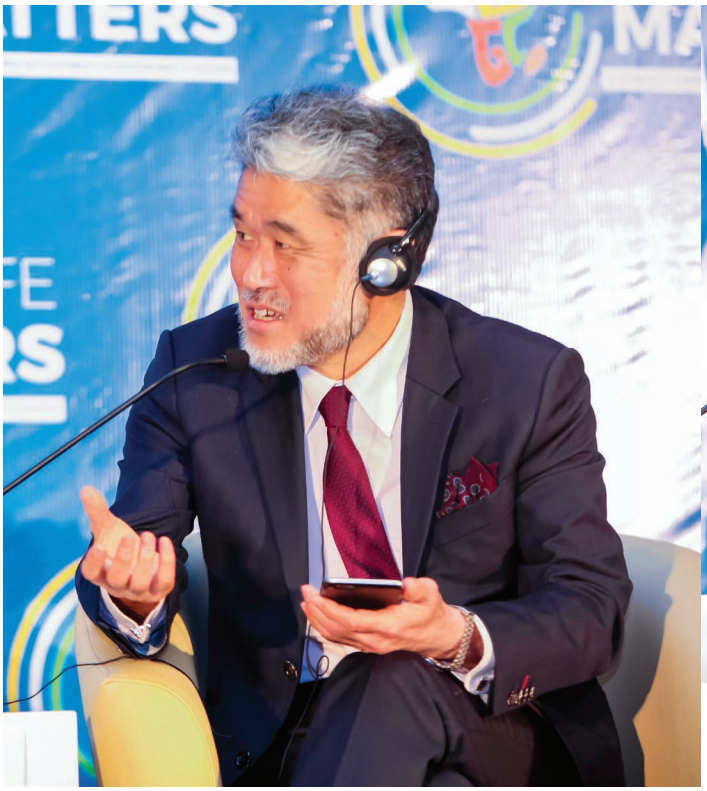
2. Reemphasize UHC is nation building: If we want to get resources for UHC we need to emphasize how to market this to government and political leaders. Example of Britain, Japan and more recent example in China is shared. The argument that china used for investing $200 billion a year was to build harmonious society and this should be the argument that we should take as we move forward.

3. There are challenges in Africa but it is very encouraging that all challenges can be changed in to opportunities. There is a need to involve the youth so that they can see to build health care system with innovative framework. The question is there is a push from one side to say we have to look at the micro-data and the other is saying, there should be a proper balance.

Reflection from Panelist

Dr. Takao Toda, Vice President for Human Security and Global Health, JICA

- **Awareness and UHC:** We failed to raise awareness UHC is a global sector wide issue. We failed to involve politicians and media. We have to focus this failure not to be repeated. This was a critical challenge for japan.
- **Involvement of People:** Japanese UHC started not from local government but from ordinary local people. This was the first chapter. This started without having any framework. They started themselves for themselves.



Professor Jeanine Condo, Director General, Rwanda Biomedical Center

- **The goal of the government is to deliver quality outcomes.** Ownership and leadership are critical characters of any government. We need to ensure integration and coordination.
- **Collaboration between private and public sector:** It is important to promote the collaboration between private and public sector. But we need to know that most of the information and quality services come from them. Therefore private sector should be integrated by including them in the system and process. There should also be accountability across public and private sector.
- **Community engagement:** the perception of the community and self-satisfaction of the community in health system should be taken in to consideration.

Other thoughts shared by participants:

There needs to be a lot of advocacy.

Reflection from Panelist and Presenters

Dr. Githinji Gitahi, Chief Executive Officer, Amref Health Africa

People are perishing politics. In Africa in the absence of political party system we have candidature approach to politics. If we could find way of linking the political system and political cycle we can focus on building on system. This is a major problem. People lead and driven accountable system is critical as people are always the constant.

Prof. Philip Cotton, Vice Chancellor, University of Rwanda

We should not lose sight of moral imperative that is driving this agenda and self-satisfaction in the system.

Honorable Manthabiseng Phohleli, Deputy Minister of Health, Lesotho

We need to honor Africans and national level SDGs focused workshop on accountability are essential. Good relationship between policy makers and professionals and the role of media is very essential.

Dr. Belay, Director General, SDGC/A

It is very difficult to anticipate building resilience in the specific political term period and we need to go beyond that. In Africa we have been short cited and lack in building resilience as system is something lacking. All this discussion will help us to build construct on data variables. These all as good as we feed them. If we feed the right thing we will get the right outcome.

This meeting is not about only SDG3 to solve SDG problem as the very fundamental principle of SDGs is its comprehensiveness. We don't have intention of discussing only SDG3 to address the challenge of accountability. The new this is how to build around these issues in a very comprehensive way and build synergies by having clear comprehensive way of planning and implementation.

There are three benefits working as SDGs:

1. The level of convergence will help us to address issues in and outside the boarder including addressing issues like climate issue lead us to follow different development pathways. SDGs help us to follow different ways.

2. There is a clear principle for sustainability in SDGs. It is about economic growth, sustainability and inclusiveness which are critical issues that should be taken in to consideration. If we don't have these three things together, it means we are not implementing SDGs.
3. The SDGs provides a new way of planning to plan from the future to the current through back casting. This is what SDGs have brought in the plat form.

The center has been trying to domesticate SDGS and how these strategies should be implemented with clear business plan with costing, indexing and tracking mechanism. We are in a stage to help how to track the effect of synergies and how it enhances other countries achievement. This is a broader issue and this is what meant by SDGs.

Main Recommendations

1. **The accountability should be simple, homemade and country owned, no complexity, clear SoPs** for accountability and checklist, clear decision lines of responsibility and most importantly attention to details as a culture. There is a lot of lesson that the health sector can learn from other sector who have developed a culture of accountability to attention to details sectors.

2. **Looking Accountability from Broader Perspective:** The accountability should be to broader body politics including decision makers, technocrats and administrators, professional associations and members, peers within the sector and citizens and the public. These include involving the public accounts committee of the parliament, national human right commissions, ombudsmen etc.; following SWAPs (sector wide approaches), need to focus on results and not rely on inputs; using data and accountability for positive reinforcement not blame game, institutionalization of accreditation; becoming responsive the public and members of professional associations, establishing good relationship between regulatory

bodies and professional associations; institutionalization of ethics in health system and make ethical standards focus on people and not on disease; building peer networking and finally accountability to slogan "All you do for me without me is against me". Participating citizens in UHC and understanding health and health professions need to understand people and active involvement of citizens and civil society.

3. **Usable Data, Disaggregation of data and Using Common Platform:** good usable data and involvement of citizens should be the fundamentals for accountability. As every live matter the data collected has to be disaggregated from the bottom at individual level building up to the top in the ladder. In this regard, there is a general consensus to adopt a uniform system-DHIS2 as a common platform and build M & E system for SDG3. Other consideration that has to be made are moving away from paper based toward to technology based system, importance of bottom up approach feedback as a part of system accountability, inclusion of data on other socio economic sector like water and sanitation, education etc., importance of qualitative data, collection of qualitative data by doing focus group discussion or other means, importance of technology: de-romanticizing technology; building bottomed up off-line first and then online and role of the government to create policy and regulatory framework that allows the absorption of E-Systems.

4. **Strength the legal framework for health accountability:** There should be political independence of health councils-independent financing, differentiations between heath councils and medical associations, separation of medical insurance and health service providers and private sector involvement and regulation.

5. **Ensure the human right, protection and access to health:** This is about protecting right of individuals, communities and families to health, establishment of patient charter, protection of individuals for repercussions of health accountability, protection of health workers. This requires enabling Judicial system including the need for quasi- judicial system including tribunal, human right commission to hear people complaints.

6. **Need for innovations and new approaches accountability:** The philosophy for democratization stats from people. Motto "Nothing for us without us." The best way of addressing accountability for data and research perspective is following the inverted tree approach of starting from the bottom at micro-level and build up to the top. Other issues that has to be considered are building communication network linkage between the various actors to facilitate dialogue, establishing a hitch free mechanism for feedback, supporting medical insurance, strengthening the private sector, using new innovation such as digital health for health accountability and peer to peer accountability.

7. **Strengthening capacity for health accountability:** There is a need to create awareness at community level, implement patient charters, training health workers on ethics, professions and accountability, strength the health institutions, strength the capacity of health councils, review system for selecting medical/nurse selection. Moreover the capability of the work force has to be enhanced in such a way that work force is able to understand data analysis. As health staff give feed back to the community and local leaders there must be common framework with narratives out of the data.

8. **Involving Youth to health accountability:** The youth are the powerhouse for Africa where 75% of population is young. This needs to start to influence employment policy and take strategic and deliberate decisions that bring youth at the bottom in to community health work and enhancing technology.

9. **Strengthening incentives systems for enhanced health accountability:** This covers need for structured career development path for health professionals, establishing/ strengthening performance based remarks, establishing training opportunities, creating enabling and conductive work environment and setting up insurance to protect health workers.
10. **Frequent review of the System:** There should be regular and frequent system review and this should a part of the general system.

11. **To successfully achieve UHC there should be country focus** and there is to conduct national workshop in each country; examination of global accountability mechanisms to deliver on SDGs and SDG3; examine the role of super national bodies i.e. regional economic communities, AU, WHO Africa etc. The national health plan should be costed so that it will help to move the agenda and attract political will at national and regional level.

12. **Introducing political party system** which focuses on building on health system. People lead and driven accountable system is critical as people are always the constant.

13. **The media have a critical role in translating and providing feedback** to the community and bridging the gap b/n community and government and vice versa.

14. I**mplementing agencies and key stakeholders** should not lose sight of moral imperative that is driving this agenda and self-satisfaction in the system.

VII. CLOSING REMARKS FROM HONORABLE MINISTERS AND COUNTRY DELEGATES

Address by Honorable Dr. Sílvia Paula Valentim Lutucuta,
Minister of Health of the Republic of Angola

Director General of SDGC/A, Dr. Belay Begashaw;
Our Host, the Honorable Minister of Health of Rwanda, Dr. Diane Gashumba;
The Honorable Ministers of Health and Ministers of Finance,
The Board Members of the SDGC/A,
The Moderators, Facilitators and Resource Persons of the Conference,
The Guest Speakers, the Invited Guests,
Dear Participants,
Ladies and Gentlemen,

On behalf of the Angolan Delegation, and indeed on my own, I would like to thank Dr. Belay Begashaw, Director General of the Sustainable Development Goals Center for Africa (SDGC/ A) for inviting us to this important Conference. While we most appreciated. Your hospitality, we would like to highlight the importance of this initiative of bringing together both key-stakeholders and Partners in health affairs, particularly Ministers of Health and Finance, around the same table to discuss the main challenges we are facing to achieve the Sustainable Development Goals, in special the Good Health and Well-Being of Goal 3. We feel that the venue for the Conference was an excellent choice, as we appreciated and had an opportunity to witness the achievements of the Health Sector in Rwanda, while we could share some common bottlenecks to improve the services we provide to our populations. We fully underscore the objectives of the Conference and the importance of the accountability, seen under the lens of the three themes we discussed in this meeting.

Meanwhile we see that many efforts of the health sector in our countries are cut short due to lack, or insufficient funding, we are sure that even using the recommended four accountability areas, we could only have better outcomes, if there are more investment in health.

I would like to thank you for the great reception I have received on my arrival and for all the support given to the delegation of Angola.

What I have seen in this brief visit, was quite remarkable given the fact that Rwanda, with few available resources, has demonstrated that with willpower and the commitment of all, it is possible to move from

a difficult health situation to a country with indicators which surpass countries of the region.

We trust that the renovated Primary Health Care approach is still the best strategy to reach the universal health coverage of our populations, but making sure it integrates the multi-sectoral approach advocated by the Sustainable Development Goals, including the improved use of new technologies and better integration of the new communication systems. This is what we are trying to do in our country Angola. While the Government try to improve the infrastructures for the provision of health services, we negotiate with our colleagues from Finances to improve the fund allocation to health sector, which fortunately had a most needed boost from our Members of Parliament; we are negotiating with our colleagues at Higher Education to fine-tune the profile of the health professionals the country need, while at sector level we improve the planning and management of the Human Resource for Health; new technologies are supporting to strengthen the integrated surveillance network countrywide; while we are working closely with our colleagues from the Social Communication sector to help us in community mobilization for health promotion, prevention of risky behaviors and endemic-prone areas. At the same time, we count on our Health Education, on the social communication, non-governmental organizations and community based associations to drive the population towards the improved peripheral health network as first health service entry-point and so de-compressing the burden on the referral secondary and tertiary level hospitals.

To succeed in this endeavor, there is no doubt that our discussions and the recommendations of this Conference were most timely to us and will be of good assistance to our purpose. Unlike some countries, there is an investment on the social determinants of health, we have seen a clear city and we have seen rainwater harvesting mechanisms, those measures associated with investment in primary health care and also the financial accountability of management of all State resources made available to health workers, can make a difference. Once again we feel most honored and thank the SDGC/A and the Government of Rwanda for our invitation to this Conference and we most appreciate the friendly hospitality making us feel at home, far from our homes.

Many thanks for your attention. Aksanti Sana.

Address by Honorable Manthabiseng Phohleli
Deputy of Minister of Health of the Kingdom of Lesotho

Allow me to pay my respects to the Government of Rwanda, to you Dr. Diane, Dr. Patrick and Dr. Belay – Director General for SDG Center for Africa, Resource Persons, Country Delegations, Ladies and Gentlemen. On behalf of the kingdom of Lesotho, I would like to thank you all for the warm welcome we have received from the Rwandan government and from you Dr. Belay and all your staff. We want to thank everybody for their inputs and interrogations on accountability and good governance. You have a promise from me and my colleague Mrs Mamolitsane Thoothe, Delegation from the Kindom of Lesotho that everything

that was discussed here, we received it and we promise to go and put it in place when we get back home. I hope you enjoyed this conference like we did.

Thank you very much.

Address by Mr. Chea Sanford Wesseh

Assistant Minister for Statistics in the Ministry of Health and Social Welfare of the Republic of Liberia

On behalf of the Minister of health and the government of Liberia, we want to express our gratitude to the organizers and the government of Rwanda, for organizing this important conference on “every life matters” on strengthening the accountability in African health systems.

The theme of this conference is very relevant and timely for our government, as we implement the conference agenda and the SDGS. The Liberian delegation was inspired by the rich conversation and discussions and we learnt a lot from the presentations and lessons from other countries’ experiences

The Liberian government systems has accountability systems framework and mechanisms but the systems have to be improved to account for the community and the public that we serve. Liberia also has the highest maternal mortality rates in our region and in the world and almost 75% of our maternal deaths happen in the hospitals. We recognized that and we decided to conduct maternal and new born audits, we made the maternal and new born deaths a report events on our surveillance system.

We have organized maternal-mortality and new born death conferences to address this issue. However, it still persists. The persistence high maternal and mortality rates is due early to lack of political will and accountability. Many time, doctors and health providers are not accountable for negligence. It appears that the maternal and new born deaths are dealt on numbers and not on human lives. It’s time we consider every life and that we account for our stewardship and take appropriate actions to stop/prevent these avoidable deaths.

The Liberian government under the new administration is committed to improve in health systems under its agenda for change, we hope and pray that this agenda will be a complete and facilitate the achievement of SDG 3.

Thank you for your warm reception and for a successful conference.

VIII. CALL TO ACTION

Read by Dr. Deqo Mohamed
Chief Executive Officer, Dr. Hawa Abdi Foundation

Despite many significant gains in health during the past decade, including in maternal and child mortality, Africa today faces the highest burden of maternal and child deaths compared to other regions of the world. Across Africa, our nations' health care systems are not able to provide safe care for mothers and children. Health systems are further burdened by the rise in hunger across Africa. An alarmingly high number of people suffer from malnourishment; too many of our children are stunted, wasted, or overweight. Climate change has brought further challenges with an unprecedented number of people suffering from famine on the continent at this moment.

These realities cast a huge cloud on Africa's ability to meet the Sustainable Development Goals (SDGs), and especially SDG 3: Good Health and Well-Being. Achieving universal health coverage for all in Africa is far from a reality. As called for by SDG 3, all people should have access to safe, effective, quality and affordable essential health care, regardless of age, gender, or economic status. We recognize the principal of health as a human right.

It is time for Africa to focus urgently and seriously on building effective, rigorous and responsible health systems. Without such systems, all of our gains made over the past two decades in combating the major diseases that affect the most vulnerable and neglected segments of our population will be placed in jeopardy.

We believe the SDG agenda has ushered in a new era of partnerships and convergence around national and global issues. Strong and effective partnerships coupled with modern technological advancements make the time ripe to address the critical health system issues that are necessary to achieve the SDGs, as well as Africa's Agenda 2063. The solutions are known. Now is the time for us to act together to achieve the results we all desire for our citizens.

The agenda that brought us together in Kigali these past two days – building and strengthening African health system accountability – is critical to building the health system required for Africa to meet SDG 3. We express our gratitude to the SDG Center for initiating this meeting, in partnership with the Government of Rwanda.

After an intensive consultation over the last two days, we participants at the Conference agree on following Call to Action:

(1) We call for all stakeholders in African health systems to champion the agenda for improved health system accountability. These stakeholders include public and private health care professionals, government officials, academic and research institutions, professional associations, members of civil societies, donor institutions and the private sector. As we go back to our countries, we are committed to launching further inclusive national dialogues with all stakeholders in order to review the existing health accountability frameworks and design national roadmaps leading us to stronger, more efficient and more inclusive health accountability systems in each of our countries. We note this saying as brought to our attention by delegates at the Conference: "Anything you do for me, without me, is against me."

(2) We especially extend our Call to Action to health professionals working at all levels of the health system, who often deliver healthcare under the most difficult circumstances, to demonstrate a special conviction to this Agenda and act deliberately and urgently to trigger the changes necessary to improve accountability in our health systems.

(3) We affirm today that our citizens must be the focus of our accountability mechanisms. We must raise and listen to their voices and be responsive to their concerns about treatment and quality of care. It is essential that we improve "health literacy" among our citizens and enable them to obtain and understand health information, including through better use of ICT and the media. We ask the SDG Center to partner with us to develop platforms for advocacy for our citizens that includes better usage of health data.

(4) Our Call to Action further goes to our political leaders, members of parliament and other government officials to demonstrate strong political commitment to this agenda and to ensure that appropriate legal frameworks are in place and enforced. We call on you to help strengthen professional healthcare councils, associations and other bodies that can be empowered not only to impose sanctions for negligence, but also to provide incentives, including the opportunity for training and skills-building, to reward those who have shown the highest care and dignity for their patients. Finally, we urge you to have zero tolerance for corruption at all levels.

(5) We make a strong Call to Action for governments and donor institutions to urgently increase investment in and support of improvements in health system data capacity in all domains, not only for better administrative, financial, civil registration and vital statistics data, but also for more "citizen-driven" data. We urge our political leaders to adopt and

foster open data policies (consistent with patient privacy rights) that would make key health system information publicly, regularly and easily accessible for use by all stakeholders in the healthcare system, including our citizens.

(6) We call for a comprehensive, Pan-African health system accountability action plan to be developed and adopted by mid-2019. We ask the SDG Center to work with our Ministries, WHO, the African Union and other stakeholders in this effort. This plan must take into consideration elements of accountability frameworks that already exist, as well as include strong measures of financial accountability and a robust monitoring, evaluation & reporting framework. We call on all leaders in healthcare to promote national-level and pan-African level reviews to assess the progress of the plans we are setting in place today, and to conduct all such reviews inclusively and transparently.

(7) And finally, we recognize that more resources are necessary to achieve the results we en vision here today. We extend a special Call to Action to all donors and financial institutions to support a new Fund for African Health Systems to promote SDG 3 in Africa by filling the health systems financing gap. At the same time, we also encourage Governments to increase the share of their own resources dedicated to health systems. And finally, we must work more closely with the private sector to support innovative financing and other solutions to the challenges we are addressing in this Call to Action today.

IX. CLOSING REMARKS

Closing Remarks by Dr. Belay Begashaw
Director General, SDGC/A

What a wonderful two days here together. I felt like we have started this journey together on a very solid ground. Thank you very much for coming and thank you for being with us. Before I actually start recognizing the people who have had remarkable contributions in this journey, I just want to recognize our guest of honors here. Honorable Minister Dr. Diane Gashumba; Honorable Minister Silvia Paula Valentim Lutucuta; Honorable Deputy Minister Manthabiseng Phohleli; Honorable Minister of State Dr. Patrick Ndimubanzi; all dignitaries here, colleagues, delegates and partners.

I think what Dr. Deqo Mohamed has just announced, five minutes ago, as a call of action is a considerable recognition of how important the discussion we have had in the last two days and how important this discussion to set a stage for the work that is expected and anticipated form every one of us here. As I have tried to mention this morning, we were focusing this time around on health issues because we know that we cannot discuss all 17 SDGs in one forum like this in one place. Last year, for those of you who had a chance to be with us, since last year or 2016, we have had four other big meetings. One was focusing on the quality of higher education and the education system at large. The other one was focusing on the World in 2050 – what would happen if we achieve the SDGs together like this, are we going to have a safe planet after 2030, knowing that the world has never been moved like this? In a very convergence way, what kind of world will we have even if we achieve the SDGs together? This is another thing we discussed yesterday in the same room. We also had the chance to discuss about the role of data and science to harness the SDGs, those were the kinds of things we have had after wonderful working groups, discussions and resolutions.

What is more important is that all those meetings ended with a clear call of action related to time and related to specific deliverables. This time around the call of action is being read and I'm sure by the applause that you have shown, this is passed and adopted by acclamation. From here, as it has been stated on the call of action, read by Dr. Deqo Mohamed, we all have a role to play. It is a call for the donors, it is a call for partners, it is a call for practitioners, it is a call for politicians, it is also a call for the private sector and it is also a call for the SDGs Center. So, I am here to tell you that we will never let you fail. We will continue to work with you to be able to deliver what you have entrusted in us. It is how the SDG Center is working, it is how we want every one of you also to be adopting this kind of system that we said doing things differently, not vanishing after having vows and promises together. So, it is a new culture, it is a new norm. If we don't do this, we will not be able to meet the SDGs. If we discuss things and leave everything, including the documents on the desk or the hotel and vanish from the conversations, and the discussions, we will not be able to meet this. Also, I'll guarantee you that if we have three other SDGs in

the next fifty years, we will not be able to do anything because at one point we have to start doing things differently. Business as usual has never taken us where we want to be. It is apparent, it is evident that after all this inertia and all this knowledge and all these oaths in the office, we are still talking about some of the things that nobody wants to hear in the 21st century, in the center of plenty and in the prosperous on one hand and such kinds of plagues and awful statuses on the other hand. So, I think we are here to wind-up all these wonderful discussions. Count on us, we will follow up with you, we will be with you to do these kinds of things in the past and we will continue to knock on your door and deliver together. The other important thing is, we are expecting this conversation to be at national level and mezzo level as much as possible. Anything that we have discussed here would be a futile exercise if it is not distilled to that level where the battle field is. So please take this message with you and try to galvanize as much support as would help us overcome this quagmire situation that we are suffering from and are entangled with.

Let me recognize the people that have helped us come this far along. Other than the people I already recognized, the Government of Rwanda and the delegates from all other African countries, the Resource Persons who are Chairing and contributing their wisdoms and experiences to the panel and thematic discussions, the rapporteurs and all of you who have contributed towards the discussions and forums. Also, those of you who have been facilitating the entire ecosystem here, I start with the translators on the corner, the people who are managing the audio/visual system in the room, people who are helping us usher our guests around, all the way from the airport to here. My special thanks also go to the Rwanda Convention Center leadership and management, who have been working with us tirelessly in all these processes. I would also like to thank the MCs from today and yesterday, that was wonderful thank you very much. Last but not least, I would also like to thank my colleagues from the SDG Center. I would like to give a special privilege to you to rise up and say hello to our people here today and say goodbye at the same time. Having said this, I would like to say, safe journey back home and bon voyage. We have started the journey and we will continue to be together, not just for fifteen years but even beyond because agendas are too many. We will never run out of problems, I guarantee you.

Thank you.

ANNEX I

LIST OF PARTICIPATING ORGANIZATIONS

Organisation	Country
ADECOR	Rwanda
Africa Citizen Protection	Rwanda
Africa Freedom of Information Center	Uganda
Africa Institute for Energy Governance	Uganda
Africa Tobacco-Free Initiative	Kenya
African Centre for Global Health and Social Transformation (ACHEST)	Uganda
African Health Economics and Policy Association	Rwanda
African Population and Health Research Center, Inc.	Kenya
African Union	Ethiopia
Aga Khan Health Services, Mwanza Hospital	Tanzania
Aga Khan University Hospital, Nairobi	Kenya
Aga Khan University Hospital, Nairobi	Kenya
AIDS Healthcare Foundation (AHF)	Rwanda
Alliance in Motion Global	Uganda
Al-Wadoud Charitable Group	Tanzania
Amaya Pharmacy Ltd.	Rwanda
American Refugee Committee	Rwanda
American University's School of International Service	USA
Amref Health Africa	Kenya
Arba Minch University	Ethiopia
Armstrong Women Empowerment Centre	Kenya
Ascendance Rwanda	Rwanda
Associação Médica de Moçambique	Mozambique
Association Burundaise de Chirurgie (ABUC)	Burundi
Association Burundaise des Étudiants en Médecine (ABEM)	Burundi
AstraZeneca MEA	Kenya
Bank of Africa	Rwanda
BEST-SD	Benin
Biogen Pharma	Rwanda
Biolitec	Kenya
Bona Curatio Farmacia Co Ltd	Rwanda
Bugando Medical Center	Tanzania
Bushenge Provincial Hospital	Rwanda
Cabinet de Consultance Internationale en Economie Sociale et Solidaire	Ivory Coast

Camtech Uganda	Uganda
Caritas Diocese Kabgayi	Rwanda
Case Consultants Ltd	Rwanda
Catholic Organization for Relief and Development Aid (Cordaid)	Rwanda
Center for Public Health & Development	Rwanda
Centre De Chirurgie Othopedique Pediatrique Et Rehabilitation De Rilima	Rwanda
Centre Hospitalo-universitaire de Kamenge	Burundi
Centre Hospitalo-universitaire de Kamenge	Burundi
Centre Médico-Chirurgicale Chrétien	Burundi
Centre on Global Health Security, Chatham House	United Kingdom
CEP/UOB	Democratic Republic of Congo
Chargé du Projet Cancer du Col Utéruin	Democratic Republic of Congo
CHUK	Rwanda
Cipla Quality chemical industries Ltd.	Uganda
CITY RADIO	Rwanda
Civic and Legal Aid Organization (CiLAO)	Tanzania
Clinivet	Rwanda
Clinton Health Access Initiative	Rwanda
Club des Etudiants en Pharmacie de l'Université Officielle de Bukavu (CEP-UOB)	Democratic Republic of Congo
Club Vision Santé, Université De Ngozi	Burundi
Columbia Medicine Magazine	USA
Compound55 Limited	Rwanda
Consulate of Mexico	Mexico
Consulate of Poland	Poland
CPSAR (Psychological Students' Association in Rwanda):	Rwanda
CRBC	Rwanda
Dangote Foundation	Nigeria
Danone Nutricia ELN	Rwanda
Dental Students Association	Rwanda
Development Bank of Rwanda (Brd)	Rwanda
Development Bank of Southern Africa	South Africa
District Pharmacy	Rwanda
Dr. Hawa Abdi Foundation	Somalia
Eastern Mediterranean University	Rwanda
Edified Generation Rwanda	Rwanda
Educate!	Rwanda
Efforts Communs Pour La Santé	Democratic Republic of Congo
Embassy of Belgium	Belgium
Embassy of Burundi	Burundi

Embassy of China	China
Embassy of Egypt	Egypt
Embassy of Ethiopia	Ethiopia
Embassy of the Democratic Republic of Congo	Democratic Republic of Congo
Embassy of the Republic of Congo	Congo
Embassy of the United States of America	USA
Ethiopian Medical Association	Ethiopia
Family TV	Rwanda
Federation of African Medical Students Association	Nigeria
Flash TV/Radio	Rwanda
Foyer de Développement pour l'Autopromotion de Pygmées Indigeants Défavorisés, FDAPID	Democratic Republic of Congo
Future for Marginalized Community (FUMACO)	Tanzania
FXB_Rwanda /USAID-ISVP	Rwanda
Geneva Foundation for Medical Education and Research	Mali
Ghana Education Service	Ghana
Girls In School Initiative Uganda	Uganda
Global Engagement Institute	Rwanda
Global Health Corps/Ministry of Health Rwanda	Rwanda
Global Medicine Center and Laboratory (GMCL)	Democratic Republic of Congo
G-Nova Pharmaceutical Wholesalers Ltd	Rwanda
Goodman International (R) Ltd	Rwanda
Government of Liberia	Liberia
Grand Synergy Development Initiative	Kenya
Green World International	Ghana
Green Young World International	Ghana
Gulu University	Uganda
Hanga.rw	Rwanda
HEAL Africa Hospital	Democratic Republic of Congo
Health Development Initiative (HDI)	Rwanda
High Commission of Kenya	Kenya
High Commission of Uganda	Uganda
Higher Education Council	Rwanda
Hope Foundation	Rwanda
Hope Initiative	Rwanda
Hope Through Health	Togo
I4Progress Ltd	Rwanda
Idobooki Global Medical Appointments	Uganda
Igihe.com	Rwanda
IMF	Rwanda

Imvaho Nshya	Rwanda
Independent	Rwanda
Innotech	Rwanda
Institute for Healthcare Improvement	USA
International Organisation for Migration	Australia
International Organization for Migration (IOM)	Rwanda
International Pharmaceutical Students' Federation	Rwanda
International Pharmaceutical Students Federation (IPSF), African Regional Office	Nigeria
IPSF	Rwanda
Irwanda24	Rwanda
Isango Star	Rwanda
Isaro Group	Rwanda
Islamic Solidarity Fund for Development (ISFD), Islamic Development Bank Group	Saudi Arabia
Iten Hospital Kenya	Kenya
Japan International Cooperation Agency (JICA)	Japan
Jimma University	Ethiopia
Justice Development and Peace Commission	Nigeria
Justice Sante asbl.	Democratic Republic of Congo
Kacyiru Hospital	Rwanda
Kenya Women's Medical Association	Kenya
Kibagabaga Hospital	Rwanda
Kibungo Health Center	Rwanda
Kigali Independent University	Rwanda
Kigali Today	Rwanda
Kilimanjaro Christian Medical Centre	Tanzania
King Faisal Hospital	Rwanda
Kinihira Hospital	Rwanda
Korea International Cooperation Agency (KOICA)	Rwanda
KT Press	Rwanda
Kuder Visions	Rwanda
Landesa	Rwanda
Learn The Goals Africa	Nigeria
Makerere University	Uganda
Makerere University, John Hopkins University Research Collaboration Young Generation Alive	Uganda
Making All Voices Count	Kenya
MASS Design Group	Rwanda
Medical & Dental Practitioners Council Of Zimbabwe	Zimbabwe
Medical Student’s Association	Democratic Republic of Congo
Medical Students' Association of Rwanda (MEDSAR)	Rwanda

Medisafe Ltd	Rwanda
Mejo Pharmacy	Rwanda
Memia's Pharmacy	Rwanda
Millennium Promise	Rwanda
Ministry of Economy and Finance	Togo
Ministry of Finance and Economic Planning	Rwanda
Ministry of Finance and Economy Planning	Senegal
Ministry of Foreign Affairs & Regional Integration	Ghana
Ministry of Health	Rwanda
Ministry of Health	Malawi
Ministry of Health	Sudan
Ministry of Health	Kenya
Ministry of Health	Lesotho
Ministry of Health	Ethiopia
Ministry of Health	Seychelles
Ministry of Health	Angola
Ministry of Health	Lesotho
Ministry of Health	Burkina Faso
Ministry of Health	Togo
Ministry of Health and Social Welfare	Liberia
Ministry of Health, National Malaria Control Program (NMCP)	Uganda
Ministry of Justice	Djibouti
Moi Teaching and Referral Hospital	Kenya
Moumin Wholesale Ltd.	Rwanda
Mount Kenya University	Rwanda
Mount Kenya University	Rwanda
mSCAN	Uganda
Muhima Hospital	Rwanda
National Agency for Food and Drug Administration and Control (NAFDAC)	Nigeria
National Pharmacy Council, Rwanda	Rwanda
Net Educational Advancement Initiative	Nigeria
Network Of African National Human Rights Institutions	Kenya
New Vision	Uganda
Next Einstein Forum	Rwanda
Ngarama District Hospital	Rwanda
Nigeria Centre for Disease Control	Nigeria
Nigerian Institute for Trypanosomiasis (and Onchocerciasis) Research	Nigeria
Office of the Commissioner General for Planning	Comoros
Office of the United Nations High Commissioner for Human Rights	Rwanda
Onomzanimi Development Foundation	Nigeria
Organisation des medecins juniors de la RDC	Democratic Republic of Congo
Panorama	Rwanda

Panzi Hospital	Democratic Republic of Congo
Parliament of the Government of Rwanda	Rwanda
Partners In Health	Rwanda
PAX Press	Rwanda
Pharmamed Pharmacy Ltd	Rwanda
Polarplus Healthcare Limited	United Kingdom
Public Health Ambassadors	Uganda
Quality & Equity Healthcare	Rwanda
Radio Salus	Rwanda
Remera Rukoma Hospital	Rwanda
Remuchat Pharmacy	Rwanda
Rene Pharmacy (R) Ltd	Rwanda
Reprocan Africatalk	Uganda
Ricad Rwanda	Rwanda
Rite Pharmacy Ltd	Rwanda
Rotary International	Burundi
Rwanda Allied Health Professions Council (RAHPC)	Rwanda
Rwanda Biomedical Center (RBC)	Rwanda
Rwanda Broadcasting Agency (RBA)	Rwanda
Rwanda Children's Cancer Relief	Rwanda
Rwanda Convention Bureau (RCB)	Rwanda
Rwanda Dental Students Association	Rwanda
Rwanda Health Communication Center Division (RHCC)	Rwanda
Rwanda Laboratory Students' Association	Rwanda
Rwanda Medical and Dental Council	Rwanda
Rwanda Medical Association	Rwanda
Rwanda Military Hospital	Rwanda
Rwanda National Pharmacy Council	Rwanda
Rwanda Nursing Students' Association:	Rwanda
Rwanda Pharmaceutical Students' Association	Rwanda
Rwanda Pharmaceutical Students' Association (RPSA)	Rwanda
Rwanda Social Security Board (RSSB)	Rwanda
Rwanda Today	Rwanda
Rwanda Village Concept Project (RVCP)	Rwanda
Rwanda Wildlife Conservation Association	Rwanda
Rwanda Psychological Society (RPS)	Rwanda
Sabans Pharmacy	Rwanda
Secrétaire du Conseil d'Administration de l'Hôpital Saint Jean de Dieu de Tanguiéta	Benin
SIKKA TV	Cameroon
Sila Pharmacy Ltd.	Rwanda
St. Mary's Hospital	Uganda

Strategic Great Lakes Communication	Rwanda
TAARIFA	Rwanda
Tantine Group Ltd	Rwanda
Teach a Man to Fish	Rwanda
The East Africa	Rwanda
The Embassy of Japan	Japan
The New Times	Rwanda
TV7	Rwanda
UAP Old Mutual Group	Rwanda
Uganda Red Cross Society	Uganda
UMUSEKE	Rwanda
UN Environment	Kenya
UN Sustainable Development Solutions Network (SDSN)	Rwanda
UN Women	Rwanda
UNFPA	Rwanda
UNHCR	Rwanda
UNICEF	Rwanda
UNISDR Youth Champion Africa	Nigeria
United Nations in Rwanda	Rwanda
Unitia	Rwanda
Unitia Ventures	Burundi
Unitia Ventures	Rwanda
University Central Hospital of Kigali (CHUK)	Rwanda
University of Bamako	Chad
University of Gitwe	Rwanda
University of Kigali	Rwanda
University of Rwanda	Rwanda
University of Uyo Teaching Hospital	Rwanda
USAID	USA
Village Health Works	Burundi
Vision for a Nation Foundation	Rwanda
Voice of Africa	Rwanda
Voice of America	Rwanda
Watotosmile	Rwanda
WHO	Rwanda
WHO Regional Office for Africa	Congo
WIWO Specialized Hospital	Rwanda
World Merit	Rwanda
Zambia Medical Association	Zambia

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